| Fill in this information to identify your case: |   |                                      |
|---|---|--------------------------------------|
| United States Bankruptcy Court for the :        |   |                                      |
| NORTHERN District ofILLINOIS(State)             |   |                                      |
| Case Number (If known):                         | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

## Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par  | t 1:            | Identify Yourself   |                            |   |
|------|-----------------|---|----------------------------|---|
|      |                 |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.   | Your f          | ull name  |                            |   |
|      | governi         | ne name that is on your<br>ment-issued picture<br>cation (for example,<br>iver's license or | Eric First name            | First name                                    |
|      | passpo          | rt).  | Middle name Kollman        | Middle name                                   |
|      | identific       | our picture cation to your meeting etrustee.  | Last name                  | Last name                                     |
|      |                 |   | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2.   | All oth         | ner names you   |                            |   |
|      | have ι<br>years | used in the last 8  | First name                 | First name                                    |
|      |                 | your married or names.  | Middle name                | Middle name                                   |
|      |                 |   | Last name                  | Last name                                     |
|      |                 |   | First name                 | First name                                    |
|      |                 |   | Middle name                | Middle name                                   |
|      |                 |   | Last name                  | Last name                                     |
| 3.   | -               | he last 4 digits of<br>Social Security  | xxx - xx - <u>2492</u>     | xxx - xx                                      |
| numb | Individ         | ber or federal<br>vidual Taxpayer   | OR                         | OR  |
|      | Identifi        | cation number   | <b>9</b> xx - xx           | <b>9</b> xx - xx                              |

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Document Kollman R Eric Debtor 1 Case Number (if known) \_ Middle Name Last Name

|    |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |  |
|----|--|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | Business name  Business name  EIN  EIN   | I have not used any business names or EINs.  Business name  Business name  EIN  EIN   |  |
| 5. | Where you live   | 2340 Portsmouth Ct Number Street   | If Debtor 2 lives at a different address:  Number Street  |  |
|    |  | Aurora  City  State  ZIP Code  DUPAGE  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street  P.O. Box  City  State  ZIP Code | County  If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address.  Number Street  P.O. Box  City State ZIP Code |  |
| 6. | Why you are choosing this district to file for bankruptcy.   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408               |  |

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Document Kollman R Eric Debtor 1 Case Number (if known) \_ Last Name

| Pa                            | Part 2: Tell the Court About Your Bankruptcy Case   |  |  |  |  |  |  |
|-------------------------------|---|--|--|--|--|--|--|
| 7.                            | The chapter of the Bankruptcy Code you  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  |  |  |  |  |  |
| are choosing to file          |   | ■ Chapter 7  |  |  |  |  |  |
|                               | under   | ☐ Chapter 11   |  |  |  |  |  |
|                               |   | ☐ Chapter 12   |  |  |  |  |  |
|                               |   | ☐ Chapter 13   |  |  |  |  |  |
| 8. How you will pay the fee   |   | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.   |  |  |  |  |  |
|                               |   | I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).  |  |  |  |  |  |
|                               |   | I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition. |  |  |  |  |  |
| 9. Have you filed for No None |   | ■ No  Yes. District None When Case Number  |  |  |  |  |  |
|                               | last 8 years?   | When Case Number   |  |  |  |  |  |
|                               |   |  |  |  |  |  |  |
|                               |   | WIWI DD / TTTT   |  |  |  |  |  |
|                               |   | District When Case Number<br>MM / DD / YYYY  |  |  |  |  |  |
| 10.                           | Are any bankruptcy  | ■ No   |  |  |  |  |  |
|                               | cases pending or being filed by a spouse who is   | ☐ Yes. Debtor Relationship to you  |  |  |  |  |  |
|                               | not filing this case with<br>you, or by a business<br>parter, or by<br>affiliate?   | ■ Yes.       Debtor       Relationship to you         District        When          MM / DD / YYYY   |  |  |  |  |  |
|                               |   | Debtor Relationship to you   |  |  |  |  |  |
|                               |   | District When Case Number, if known  MM / DD / YYYY  |  |  |  |  |  |
| 11.                           | Do you rent your residence?   | ☐ No. Go to line 12 ☐ Yes. Has your landlord obtained an eviction judgment against you?  |  |  |  |  |  |
|                               | ■ No. Go to line 12. □ Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition. |  |  |  |  |  |  |

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Document Page 4 of 62 R Eric Case Number (if known) \_ Debtor 1 Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. Go to Part 4. of any full- or part-time Yes. Name and location of business business? A sole proprietorship is a business you operate as an Name of business, if any individual, and is not a separate legal entity such as a corporation, partnerhsip, or Number Street LLC. If you have more than one sole proprietorship, use a separate sheed and attach it to this petition. City Zip Code Check the appropriate box to describe your business: ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) ■ None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent Chapter 11 of the balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these **Bankruptcy Code and** documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. For a definition of small business debtor, see No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in 11 U.S.C. § 101(51D). the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention No. 14. Do you own or have any property that poses or is Yes. What is the hazard? alleged to pose a threat of imminent and indentifiable hazard to public health or safety? Or do you own any property that needs If immediate attention is needed, why is it needed? \_\_ immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property? Number Street

City

State

ZIP Code

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Debtor 1

R Eric

Document Last Name

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Case Number (if known) \_

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|---|---|
| You must check one:   | You must check one:   |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  | ☐I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.   |
| Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.   | ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.   |
| Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   |
| I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.   | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.   |
| To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  |
| Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. |
| I am not required to receive a briefing about credit counseling because of:   | I am not required to receive a briefing about credit counseling because of:   |
| Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  |
| Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.  | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.  |
| Active duty. I am currently on active military  | Active duty. I am currently on active military  |

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

duty in a military combat zone.

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

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Document Kollman Page 6 of 62 R Eric Debtor 1 Case Number (if known) Middle Name Last Name

|      | What kind of debts do you have?   | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |   |  |  |  |
|------|---|---|---|--|--|--|
|      |   | No. Go to line 16b. Yes. Go to line 17.   |   |  |  |  |
|      |   |   | <b>business debts?</b> Business debts are debts stment or through the operation of the busines              | -  |  |  |
|      |   | No. Go to line 16c. Yes. Go to line 17.   |   |  |  |  |
|      |   | 16c. State the type of debts you o  | we that are not consumer debts or business d  | lebts.   |  |  |
|      | Are you filing under Chapter 7?   | ☐ No. I am not filing under Ch  | apter 7. Go to line 18.   |  |  |  |
|      | Do you estimate that after  |   | er 7. Do you estimate that after any exempt p<br>s are paid that funds will be available to distrib         |  |  |  |
|      | any exempt property is<br>excluded and  | No.   |   |  |  |  |
|      | administrative expenses<br>are paid that funds will be<br>available for distribution<br>to unsecured creditors? | ☐Yes.   |   |  |  |  |
|      | How many creditors do   | <b>1</b> -49  | 1,000-5,000   | 25,001-50,000  |  |  |
|      | you estimate that you   | ☐ 50-99   | 5,001-10,000  | 50,001-100,000   |  |  |
|      | owe?  | ☐ 100-199<br>☐ 200-999  | 10,001-25,000   | ☐ More than 100,000                                      |  |  |
|      | How much do you   | \$0-\$50,000  | \$1,000,001-\$10 million  | □\$500,000,001-\$1 billion                               |  |  |
|      | estimate your assets to   | <b>\$50,001-\$100,000</b>   | \$10,000,001-\$50 million   | □\$1,000,000,001-\$10 billion                            |  |  |
|      | be worth?   | \$100,001-\$500,000   | \$50,000,001-\$100 million  | \$10,000,000,001-\$50 billion                            |  |  |
| -    |   | \$500,001-\$1 million   | \$100,000,001-\$500 million   | More than \$50 billion                                   |  |  |
|      | How much do you estimate your liabilities   | ■ \$0-\$50,000<br>□ \$50,001-\$100,000  | □ \$1,000,001-\$10 million □ \$10,000,001-\$50 million  | □\$500,000,001-\$1 billion □\$1,000,000,001-\$10 billion |  |  |
|      | to be?  | \$100,001-\$100,000<br>\$100,001-\$500,000  | \$50,000,001-\$50 million   | \$1,000,000,001-\$10 billion                             |  |  |
|      |   | \$500,001-\$1 million   | \$100,000,001-\$500 million   | ☐ More than \$50 billion                                 |  |  |
| ari  | 7: Sign Below   |   |   |  |  |  |
| or y | /ou   | I have examined this petition, and correct.   | I declare under penalty of perjury that the info  | rmation provided is true and                             |  |  |
|      |   | · · · · · · · · · · · · · · · · · · ·   | ter 7, I am aware that I may proceed, if eligible inderstand the relief available under each chap           | •  |  |  |
|      |   |   | did not pay or agree to pay someone who is nd read the notice required by 11 U.S.C. § 342(                  | •  |  |  |
|      |   | I request relief in accordance with   | the chapter of title 11, United States Code, sp   | ecified in this petition.                                |  |  |
|      |   |   | nent, concealing property, or obtaining money<br>n fines up to \$250,000, or imprisonment for up<br>d 3571. |  |  |  |
|      |   | /s/ Eric R Kollman Signature of Debtor 1  | Signal  | ture of Debtor 2   |  |  |
|      |   |   |   |  |  |  |
|      |   | Executed on04/05/2018   | Execu   | ted on   |  |  |

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| Debtor 1 | Eric       | R           | Kollman   | Case Number (if known) |
|----------|------------|-------------|-----------|------------------------|
|          | First Name | Middle Name | Last Name |                        |

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| 🗶 /s/ Kristin T Schindler        | Date:     | 04/05/2018 |
|----------------------------------|-----------|------------|
| Signature of Attorney for Debtor |           | O / YYYY   |
| Kristin T Schindler              |           |            |
| Printed name                     |           |            |
| Geraci Law L.L.C.                |           |            |
| Firm name                        | -         |            |
| 55 E. Monroe St., #3400          |           |            |
| Name to a contract               |           |            |
| Number Street                    |           |            |
|                                  |           |            |
| Chicago                          | IL 6060:  |            |
|                                  |           | 3<br>Code  |
| Chicago                          | State ZIP |            |
| Chicago                          | State ZIP | Code       |

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| Fill in this information to identify your case: |            |             |           |  |  |  |
|---|------------|-------------|-----------|--|--|--|
| Debtor 1  | Eric       | R           | Kollman   |  |  |  |
|   | First Name | Middle Name | Last Name |  |  |  |
| Debtor 2  |            |             |           |  |  |  |
| Spouse, if filing)                              | First Name | Middle Name | Last Name |  |  |  |

# Check if this is an amended filing

## Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1:  | Summarize Your Assets   |                                      |
|----------|---|--------------------------------------|
|          |   | Your assets<br>Value of what you own |
|          | e A/B: Property (Official Form 106A/B) v line 55, Total real estate, from Schedule A/B  | \$ 0                                 |
| 1ь. Сору | line 62, Total personal property, from Schedule A/B   | \$ 15,330                            |
| 1с. Сору | v line 63, Total of all property on Schedule A/B  | \$ 15,330                            |
| Part 2:  | Summarize Your Liabilities  |                                      |
|          |   | Your liabilities<br>Amount you owe   |
|          | e D: Creditors Who Have Claims Secured by Property (Official Form 106D) the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$7,008                              |
|          | e E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$0                                  |
| 3ь. Сору | the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$19,126                             |
|          |   |                                      |
| Part 3:  | Summarize Your Liabilities  |                                      |
|          | e I: Your Income (Official Form 106I) but combined monthly income from line 12 of Schedule I  | \$3,542.46                           |
|          | e J: Your Expenses (Official Form 106J) our monthly expenses from line 22c of Schedule J  | \$3,507.00                           |

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| Debtor 1 | Eric       | R           | Kollman   | Case Number (if known) |
|----------|------------|-------------|-----------|------------------------|
|          | First Name | Middle Name | Last Name |                        |

| Part 4:                                      | Answer These Questions for Administrative and Statistical Records   |         |   |  |  |  |
|--|---|---------|---|--|--|--|
| _  | Are you filling for bankruptcy under Chapter 7, 11 or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  Yes  |         |   |  |  |  |
| You fami                                     | <ul> <li>What kind of debt do you have?</li> <li>Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.</li> <li>Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.</li> </ul> |         |   |  |  |  |
|  | 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  \$4,583.57   |         |   |  |  |  |
| 9. Copy the                                  | 9. Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :  Total claim  |         |   |  |  |  |
|  | nestic support obligations (Copy line 6a.)  | \$_0.00 |   |  |  |  |
| 9b. Taxe                                     | es and certain other debts you owe the government. (Copy line 6b.)  | \$_0.00 |   |  |  |  |
| 9c. Clair                                    | ns for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$_0.00 |   |  |  |  |
| 9d. Student loans. (Copy line 6f.) \$\\ 0.00 |   |         |   |  |  |  |
|  | gations arising out of a separation agreement or divorce that you did not report as claims. (Copy line 6g.)   | \$_0.00 |   |  |  |  |
| 9f. Deb                                      | ts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | \$_0.00 | _ |  |  |  |
| 9g. <b>Tota</b>                              | al. Add lines 9a through 9f.  | \$_0.00 |   |  |  |  |

| Fill in this inf                   | Caco 19 100<br>formation to identify you                                      |  |  | Entered 04/05/18<br>0 of 62             | 3 15:41:37    | Desc          | Main           |              |
|------------------------------------|---|--|--|---|---------------|---------------|----------------|--------------|
|                                    | Frie  | D  | Kallman  | 0 01 02                                 |               |               |                |              |
| Debtor 1                           | Eric<br>First Name  |  | Last Name  |   |               |               |                |              |
| Debtor 2                           |   |  |  |   |               |               |                |              |
| (Spouse, if filing)                | First Name  | Middle Name  | Last Name  |   |               |               |                |              |
| United States I                    | Bankruptcy Court for the :  | NORTHERN Distric   |  |   |               | _             |                |              |
| Case Number                        |   |  | (Olale)  |   |               | _             |                |              |
| (If known)                         | orm 106A/D  |  |  |   |               | а             | mended fil     | ing          |
|                                    |   | tv   |  |   |               |               |                | 12/15        |
| esponsible for sages, write you    | supplying correct inforn<br>ir name and case numb<br>describe Each Residence, | nation. If more spacer (if known). Answ  | ce is needed, attach a separater every question. | te sheet to this form. On the           |               | =             |                |              |
| Yes.                               | Describe  | 6  | Double in the limited                            |   |               |               |                |              |
|                                    | -   | <del>-</del>   |  |   |               |               |                | \$0.00       |
|                                    |   | Dotto Note   N |  |   |               |               |                |              |
| Part 2:                            | escribe Your Vehicles   |  |  |   |               |               |                |              |
|                                    | •   |  | •  | ecutory contracts and onexp             | meu Leases.   |               |                |              |
| М                                  | ake:  |  |  | property? Check one.                    |               |               |                |              |
| М                                  | odel:   |  | = '  |   |               | •             |                |              |
| Y                                  | ear:  |  |  | y                                       |               |               |                |              |
| A                                  | pproximate Mileage:   | 17,000   | At least one of the debtors                      | and another                             | entire proper | -             | portion you    |              |
| 0                                  | ther information:   |  |  |   | \$            | 4,930.00      | \$             | 4,930.00     |
| I                                  | 003 Harley Davidson FX<br>7,000 miles.  | DL with over   | _  | inity property (see                     |               |               |                |              |
| М                                  | ake:  | Dodge  | Who has an interest in the                       | property? Check one.                    | Do not deduct | secured claim | s or exemption | ns. Put      |
| М                                  | odel:   | Ram  | Debtor 1 only                                    |   |               | •             |                |              |
| Y                                  | ear:  | 2003   |  |   | Current value | of the        | Current va     | lue of the   |
| A                                  | pproximate Mileage:   | 185,000  |  | -                                       | entire proper | ty?           | portion you    | u own?       |
| 0                                  | ther information:   |  | At least one of the debtors                      | and another                             | \$            | 6,850.00      | \$             | 6,850.00     |
|                                    | 003 Dodge Ram with ove  | er 185,000   | _  | unity property (see                     |               |               |                |              |
| Examples: I No. Yes.  Add the doll | Boats, trailers, motors, person<br>Describe<br>ar value of the portion y      | onal watercraft, fishing v   | vessels, snowmobiles, motorcycle                 | accessories<br>og any entries for pages | >             |               |                | \$ 11,780.00 |

Official Form 106A/B Record # 763899 Schedule A/B: Property Page 1 of 6

Case 18-10022 Eric

Describe.....

for Part 3. Write that number here .....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

Doc 1

Desc Main

0.00

\$1,650.00

Debtor 1

First Name **Describe Your Personal and Household Items** Part 3: Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims 06. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No. Describe..... Furniture, linens, small appliances, table & chairs, bedroom set \$1,000 1,000.00 07. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No. Yes. Describe..... Flat screen TV, computer, printer, music collection, cell phone \$300 300.00 08. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No. Yes. Describe..... 0.00 09. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No. Describe..... Guitar \$200 200.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No. Describe..... 0.00 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No. Describe..... Yes. Clothes, shoes \$150 150.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No. Describe..... Yes. 0.00 13. Non-farm animals Examples: Dogs, cats, birds, horses No. Yes Describe..... Dog \$0 0.00 14. Any other personal and household items you did not already list, including any health aids you did not list

Debtor 1

Case 18-10022 Eric

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Document Page 12 of 2 Univer (if known) Page 12 of 2 Univer (if known)

Desc Main

|           | not reality               | middle Hame                    | Loci Name     |                      |
|-----------|---------------------------|--------------------------------|---------------|----------------------|
| Part 4:   | Describe Your Financial   | l Assets                       |               |                      |
| Do vou ov | n or have any legal or eq | uitable interest in any of the | ne following? | Current value of the |

| Do  | you own or   | have any legal                       | or equitable interest in any of the  | following?   | Current value of the portion you own?  Do not deduct secured claims or exemptions |
|-----|--------------|--------------------------------------|--|--|---|
| 16. | Cash         |                                      |  |  |   |
|     | No.          |                                      | n your wallet, in your home, in a safe dep   | posit box, and on hand when you file your petition                                   |   |
|     | Yes.         | Describe                             |  |  | \$ 0.00   |
| 17. |              | Checking, savings                    | , or other financial accounts; certificates of the financial accounts with the sail                                      | of deposit; shares in credit unions, brokerage houses,<br>me institution, list each. | <b>V</b>  |
|     | Yes.         | Describe                             | Account Type:  | Institution name:  |   |
|     |              | 200020                               | Checking Account   | Chase  | \$700.00  |
| 18. |              | -                                    | publicly traded stocks tment accounts with brokerage firms, mo   | ney market accounts  | \$ <u>700.0</u> 0   |
|     | Yes.         | Describe                             | Institution or issuer name:  |  |   |
| 19. | Non-public   | ly traded stock                      | and interests in incorporated and  | unincorporated businesses, including an interest in                                  | \$0.00  |
|     | Yes.         | Describe                             | Name of Entity and Percent of Own  | nership:   |   |
| 20  | Covernmen    | t and cornerat                       | a handa and other negationle and   | non nagatishla instrumenta   | \$0.00  |
| 20. | Negotiable i | nstruments includ                    | e bonds and other negotiable and<br>le personal checks, cashiers' checks, pro<br>re those you cannot transfer to someone | omissory notes, and money orders.  |   |
|     | Yes.         | Describe                             | Issuer name:   |  |   |
| 24  | Detiroment   | or noncion co                        | aounto.  |  | \$0.00  |
| 21. |              | or pension acc<br>nterests in IRA, E |  | gs accounts, or other pension or profit-sharing plans                                |   |
|     | Yes.         | Describe                             | Type of account and Institution nar  |  | . Uslan soon  |
|     |              |                                      | 401(k) or similar plan   | Fidelity   | \$ Unknown  |
| 22. | Security de  | posits and pre                       | payments   |  | \$0.00  |
|     | Your share   | of all unused depo                   | osits you have made so that you may cor<br>andlords, prepaid rent, public utilities (ele                                 |  |   |
|     | Yes.         | Describe                             | Institution name or individual:  |  |   |
|     |              |                                      | Security deposit on rental unit  | William Ruskuszka  | \$ 1,200.00   |
| 23. | Annuities (A | A contract for a                     | a periodic payment of money to yo  | ou, either for life or for a number of years)  | \$ <u>1,200.0</u> 0   |
|     | Yes.         | Describe                             | Issuer name and description:   |  |   |
| 24. |              |                                      | RA, in an account in a qualified Al<br>(b), and 529(b)(1).   | BLE program, or under a qualified state tuition program.                             | \$ <u>0.0</u> 0   |
|     | Yes.         | Describe                             | Institution name and description. S  | separately file the records of any interests.11 U.S.C. § 521(c):                     |   |
| 25. | Trusts, equ  | itable or future                     | interests in property (other than a  | anything listed in line 1), and rights or powers                                     | \$ <u>0.0</u> 0   |
|     | Yes.         | Describe                             |  |  | \$ 0.00   |
| 26. |              |                                      | marks, trade secrets, and other in   |  |   |
|     | No.          |                                      | ames, websites, proceeds from royalties  | and licensing agreements   | 7   |
|     | Yes.         | Describe                             |  |  | \$ <u>0.0</u> 0   |

| 27. Licenses, franchises, and other general intangibles  Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses  No.  |   |
|---|---|
| Yes. Describe   | \$\$  |
| Money or property owed to you?  | Current value of the portion you own?  Do not deduct secured claims or exemptions |
| 28. Tax refunds owed to you  No.  Yes. Describe   |   |
| 29. Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property se  | \$\$.   |
| Yes. Describe   | \$0.00  |
| 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensa Social Security benefits; unpaid loans you made to someone else No.                    | tion,   |
| Yes. Describe  31. Interest in insurance policies   | \$ <u>0.0</u> 0   |
| Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance.  No.  Company Name & Beneficiary:  Yes. Describe   |   |
| 32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receiv property because someone has died.  No. | \$e   |
| Yes. Describe  33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment   | \$  |
| Examples: Accidents, employment disputes, insurance claims, or rights to sue  No.   |   |
| Yes. Describe  34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and  | \$0.00<br>rights  |
| No.  Yes. Describe  | \$ 0.00   |
| 35. Any financial assets you did not already list  No.  |   |
| Yes. Describe   | \$ <u>0.0</u> 0   |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attach for Part 4. Write that number here   | l no noe se   |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in I  | Part 1.   |
| 37. Do you own or have any legal or equitable interest in any business-related property?  No.  Yes.   |   |
|   | Current value of the portion you own?  Do not deduct secured claims or exemptions |

38. Accounts receivable or commissions you already earned No. Yes. Describe..... 0.00 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No. Yes. Describe..... 0.00 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Yes Describe..... 0.00 41. Inventory No. Yes. Describe..... 0.00 42. Interests in partnerships or joint ventures No. Name of Entity and Percent of Ownership: Yes. Describe..... 0.00 43. Customer lists, mailing lists, or other compilations No. Yes. Describe..... 0.00 44. Any business-related property you did not already list No. Describe..... 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$ 0.00 Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Yes. Describe..... 0.00 47. Farm animals Examples: Livestock, poultry, farm-raised fish No. Yes. Describe..... 0.00 48. Crops-either growing or harvested No. Yes. Describe..... 0.00 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade Yes. Describe..... 0.00 50. Farm and fishing supplies, chemicals, and feed No. Describe..... Yes. 0.00 Debtor 1 Eric Case 18-10022 Doc 1 Filed 04/05/18 Entered 04/05/18 15:41:37 Desc Main Rollman Document Page 15 of 52 Document Page 15 Document Page 15

| 51. Any farm- and commercial fishing-related property you did not already list No.   |              |                 |
|--|--------------|-----------------|
| Yes. Describe  |              | \$ <u>0.0</u> 0 |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for page for Part 6. Write that number here | _            | \$0.00          |
| Describe All Property You Own or Have an Interest in That You Did Not List At  | bove         |                 |
| 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No.     |              |                 |
| Yes. Describe  |              | \$0.00          |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here  | >            | \$0.00          |
| Part 8: List the Totals of Each Part of this Form  |              |                 |
| 55. Part 1: Total real estate, line 2  |              | \$ 0.00         |
| 56. Part 2: Total vehicles, line 5   | \$ 11,780.00 |                 |
| 57. Part 3: Total personal and household items, line 15  | \$ 1,650.00  |                 |
| 58. Part 4: Total financial assets, line 36  | \$ 8,900.00  |                 |
| 59. Part 5: Total business-related property, line 45   | \$ 0.00      |                 |
| 60. Part 6: Total farm- and fishing-related property, line 52  | \$ 0.00      |                 |
| 61. Part 7: Total other property not listed, line 54   | \$ 0.00      |                 |
| 62. <b>Total personal property.</b> Add lines 56 through 61  | \$ 22,330.00 | \$ 22,330.00    |
| CO. Total of all property on Cabadula A/D. Add line 55 - line 50   |              | 222 222 22      |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62   |              | \$22,330.00     |

Official Form 106A/B Record # 763899 Schedule A/B: Property Page 6 of 6

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| Fill in this in     | formation to ide     | ntify your case:                       |                 |
|---------------------|----------------------|--|-----------------|
| Debtor 1            | Eric                 | R                                      | Kollman         |
|                     | First Name           | Middle Name                            | Last Name       |
| Debtor 2            | -                    |  |                 |
| (Spouse, if filing) | First Name           | Middle Name                            | Last Name       |
| United States       | Bankruptcy Court for | or the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |
| Case Number         |                      |  | (State)         |
| (If known)          |                      |  |                 |

## Official Form 106C

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identif    | y the Property You Claim as Exempt                               | t .                                  |   |                                    |
|--------------------|--|--------------------------------------|---|------------------------------------|
| Which set of ex    | emptions are you claiming? Chec                                  | k one only, even if your sp          | ouse is filing with you.  |                                    |
| You are clair      | ming state and federal nonbankrupt                               | cy exemptions . 11 U.S.C.            | § 522(b)(3)   |                                    |
| You are clair      | ming federal exemptions. 11 U.S.C.                               | § 522(b)(2)                          |   |                                    |
| _                  |  |                                      |   |                                    |
| For any propert    | y you list on <i>Schedule A/B</i> that yo                        | ou claim as exempt, fill in t        | the information below.  |                                    |
| •                  | on of the property and line on<br>hat lists this property        | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |
|                    |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                    |
| Brief              | 2003 Harley Davidson FXDL with                                   | \$ 4,930                             | <b>-</b> 4000   | 735 ILCS 5/12-1001(c)              |
| description:       | over 17,000 miles.   | \$ <u>+,550</u>                      | \$_4,900  | 735 ILCS 5/12-1001(b)              |
| Line from          | 00   |                                      | 100% of fair market value, up to                                |                                    |
| Schedule A/B:      | 03   |                                      | any applicable statutory limit                                  |                                    |
| Brief description: | Furniture, linens, small appliances, table & chairs, bedroom set | \$1,000                              | \$ _ 1,000  | 735 ILCS 5/12-1001(b)              |
| Line from          |  |                                      | 100% of fair market value, up to                                |                                    |
| Schedule A/B:      | 06   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief              | Flat screen TV, computer, printer,                               | 200                                  |   | 735 ILCS 5/12-1001(b)              |
| description:       | music collection, cell phone                                     | \$_300                               | \$_300  |                                    |
| Line from          | 0.7  |                                      | 100% of fair market value, up to                                |                                    |
| Schedule A/B:      | <u>07</u>  |                                      | any applicable statutory limit                                  |                                    |
| Brief              | Guitar   | ¢ 200                                | - 200   | 735 ILCS 5/12-1001(b)              |
| description:       |  | \$ <u>200</u>                        | \$  |                                    |
| Line from          | 00   |                                      | 100% of fair market value, up to                                |                                    |
| Schedule A/B:      | <u>09</u>  |                                      | any applicable statutory limit                                  |                                    |
|                    |  |                                      |   |                                    |
|                    |  |                                      |   |                                    |
| ۳: 4000            | Pacord # 763899  | 0.1.1.2.2.3                          | To Book A. W. Oldani E. a. f                                    | Page 1 of 2                        |
| fficial Form 106C  | Record # 763899  | Schedule C: 1                        | he Property You Claim as Exempt                                 | raye 1012                          |

Case 18-10022 Doc 1 Filed 04/05/18 Entered 04/05/18 15:41:37 Desc Main Document Page 17 of 62 Representation Page 18 P Debtor 1 Eric Last Name First Name Middle Name

| Copy the value from Schedule A/B  Brief Clothes, shoes  |  |
|---|--|
| Brief description:  Line from Schedule A/B: 11  |  |
| Schedule A/B: 11 any applicable statutory limit  Brief Dog  |  |
| description:  Line from Schedule A/B: 13  Brief description:  Checking Account, Chase, 700.00 description:  Line from Schedule A/B: 17  Line from Schedule A/B: 17  Brief 401(k) or similar plan, Fidelity,  Table 100% of fair market value, up to any applicable statutory limit  Table 100% of fair market value, up to any applicable statutory limit  Table 100% of fair market value, up to any applicable statutory limit  |  |
| Schedule A/B: 13 any applicable statutory limit  Brief Checking Account, Chase, 700.00  |  |
| description:  Line from Schedule A/B: 17  Brief  401(k) or similar plan, Fidelity,  \$ 700  \$ 700  \$ 700  \$ 700  \$ 700  \$ 100% of fair market value, up to any applicable statutory limit  \$ 735 ILCS 5/12-1006   |  |
| Schedule A/B: 17 any applicable statutory limit   |  |
|   |  |
| description, 1989.99  |  |
| Line from  Schedule A/B: 21  100% of fair market value, up to any applicable statutory limit  |  |
| Brief         Security deposit on rental unit, description:         \$ 1,200 |  |
| Line from  Schedule A/B: 22 any applicable statutory limit  |  |
| (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment .)  ■ No.  Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  □ No □ Yes.  |  |

| Fill in this in  | Caca 19<br>formation to ident                                  |   | c 1 Eilad 04   | /05/19 Ent              | ered 04/05/18<br>8 of 62 | 8 15:41:37  | Desc Main  |                   |
|--|--|---|--|-------------------------|--------------------------|---|--|-------------------|
|  | Eric   | R   | Ko   | ollman                  | 0 01 02                  |   |  |                   |
| Debtor 1   | First Name   | Middle Name   | Last N   |                         |                          |   |  |                   |
| Debtor 2   |  |   |  |                         |                          |   |  |                   |
| (Spouse, if filing)  | First Name   | Middle Name   | Last   | Name                    |                          |   |  |                   |
| United States  | Bankruptcy Court for   | the : <u>NORTHERN</u>   | District of ILLINOIS   |                         |                          |   |  |                   |
|  |  |   | (Stat  | e)                      |                          |   | Check if thi                                       | s is an           |
| Case Number<br>(If known)  |  |   |  |                         |                          |   | amended fi   |                   |
| Official F   | orm 106D   |   |  |                         |                          |   |  | J                 |
| Schedule   | D: Credito   | rs Who Have   | Claims Secu  | red by Prop             | erty                     |   |  | 12/15             |
| nformation. If ridditional page  1. Do any cre  No. Ch  Yes. Fil | nore space is need<br>s, write your name<br>ditors have claims | ded, copy the Addition and case number ( secured by your prubmit this form to the lation below. | ,  | umber the entries, a    | and attach it to this fo | orm. On the top of a                                  | ny   |                   |
| Part 1:  | List All Secured Cla   | ims   |  |                         |                          | Column A  | Column A   | Column C          |
| for each cl  | aim. If more than  | one creditor has a pa   | in one secured claim, li<br>articular claim, list the o<br>al order according to the | ther creditors in Part  | -                        | Amount of claim Do not deduct the value of collateral | Value of collateral<br>that supports this<br>claim | Unsecured portion |
| 2.1 Credit A   | Acceptance   |   | Describe the property that secures the claim:  |                         | \$_7,008.00              | <b>\$</b> 6,850.00                                    | <b>\$</b> 158.00                                   |                   |
| Creditor's   |  |   | 2003 Dodge Ram v   | vith over 185,000 mi    | les                      | 7   |  |                   |
| Po Box<br>Number   | 513<br>Street  |   |  |                         |                          |   |  |                   |
| , tumbor   | Cucot  |   | As of the date you f   | ile, the claim is: Che  | ck all that apply        |   |  |                   |
|  |  |   | Contingent   | ne, the claim is. One   | ok all that apply.       |   |  |                   |
| Southfie   | eld  | MI 48037  | Unliquidated   |                         |                          |   |  |                   |
| City   |  | State Zip Code  | Disputed   |                         |                          |   |  |                   |
| Who owes   | the debt? Check on   | e.  | Nature of Lien. Che  | ck all that apply.      |                          |   |  |                   |
| Debtor   | 1 only   |   | An agreement you   | ı made (such as mortga  | age or secured           |   |  |                   |
| Debtor   | 2 only   |   | car loan)  |                         |                          |   |  |                   |
| Debtor   | 1 and Debtor 2 only  |   | Statutory lien (suc  | h as tax lien, mechanic | 's lien)                 |   |  |                   |
| At least   | one of the debtors ar  | nd another  | Judgment lien fror   | n a lawsuit             |                          |   |  |                   |
|  | if this claim relates<br>unity debt                            | to a  | Other (including a   | right to offset)        | <del></del>              |   |  |                   |
|  | -  | 2016-11-12  | Last 4 digits of acco  | ount number1            | 447                      |   |  |                   |
|  |  | otified for a Debt Tha  |  |                         |                          |   |  |                   |
| Use this page of trying to collect than one credit               | t from you for a deb   | t you owe to someon<br>bts that you listed in   | ut your bankruptcy for a<br>ne else, list the creditor<br>Part 1, list the additiona | in Part 1, and then lis | t the collection agency  | here. Similarly, if yo                                | ou have more                                       |                   |
|  |  |   |  |                         |                          |   |  |                   |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$<u>7,008.00</u>

|   | 4   | Caso 19 10022  |  | 1 Eilad   | 04/05/19  | Entor  |   | 5:41:37 I  | Desc Main          |                            |
|---|---|--|--|---|---|--|---|--|--------------------|----------------------------|
| FIII IN   | tnis int  | ormation to identify your cas  | se:  |   |   |  | 9 of 62   |  |                    |                            |
| Debto   | r 1   | Eric   | R  |   | Kollman   |  |   |  |                    |                            |
|   |   | First Name   | Middle Name  |   | Last Name   |  |   |  |                    |                            |
| Debto<br>(Spouse,                                     |   | First Name M   | Middle Name  |   | Last Name   |  |   |  |                    |                            |
| (Spouse,  | , ii iiiiig)  | riist Name   | widdle Name  |   | Last Name   |  |   |  |                    |                            |
| United  | l States E  | Bankruptcy Court for the : <u>NOR</u>  | THERN_ Dist  | trict of <u>ILLINOI</u>   | S(State)  |  |   |  | _                  |                            |
|   | Number .  |  |  |   | (Gaio)  |  |   |  | <del>_</del>       | this is an                 |
| (If know  |   |  |  |   |   |  | J   |  | amende             | d filing                   |
| <u>Offici</u>   | al Fo   | orm 106E/F   |  |   |   |  |   |  |                    |                            |
| Sche  | dule  | E/F: Creditors Wh  | o Have   | Unsecu  | red Claims  | ;  |   |  |                    | 12/15                      |
| ist the o<br>/ <i>B: Prop</i><br>reditors<br>eeded, o | other pa<br>perty (C<br>with pa<br>copy the<br>y additi | and accurate as possible. Us<br>urty to any executory contract<br>official Form 106A/B) and on<br>artially secured claims that a<br>e Part you need, fill it out, nu<br>ional pages, write your name<br>ist All of Your PRIORITY Unsec | ts or unexpi<br>Schedule G:<br>re listed in S<br>imber the en<br>and case no | red leases that<br>Executory Concept Control of the<br>Control of the boots | at could result in<br>ontracts and Une<br>reditors Who Hav<br>oxes on the left. A | a claim. Ale<br>expired Leave<br>ve Claims S | so list executory contra<br>uses (Official Form 1060<br>Secured by Property. If | cts on <i>Schedule</i><br>6). Do not includ<br>more space is | 9                  |                            |
|   |   | litors have priority unsecured   | d claims ana   | inst vou?   |   |  |   |  |                    |                            |
| _   | -   | to Part 2.   | u ciumis aga   | iiiist you i  |   |  |   |  |                    |                            |
| =   | vo. Go<br>Yes.  | to Fait 2.   |  |   |   |  |   |  |                    |                            |
|   |   | our priority unsecured claims  | s. If a creditor   | r has more tha  | an one priority uns   | secured clai                                 | m. list the creditor separa   | ately for each cla   | aim. For           |                            |
| each<br>nonp  | n claim I<br>priority a                                 | isted, identify what type of clai<br>amounts. As much as possible<br>claims, fill out the Continuation   | im it is. If a cl<br>e, list the clair                                       | laim has both<br>ms in alphabe  | priority and nonpr  | riority amou<br>ing to the cr                | nts, list that claim here a<br>editor's name. If you hav                        | nd show both prive more than two                             | ority and priority |                            |
| (For  | an expl   | anation of each type of claim,   | see the instr  | ructions for thi  | s form in the instru  | uction book                                  | let.)   | Total alaim  | Dulaultu           | Namonianis                 |
|   |   |  |  |   |   |  |   | Total claim  | Priority<br>amount | Nonpriority amount         |
| Part 2  | L   | ist All of Your NONPRIORITY U  | Insecured Cla  | aims  |   |  |   |  |                    |                            |
| 3. <b>Do a</b>  | ny cred   | litors have nonpriority unsec  | ured claims  | against you?  |   |  |   |  |                    |                            |
| П١  | No. You   | u have nothing to report in this   | part. Submi  | it this form to t   | he court with your  | r other sche                                 | edules.   |  |                    |                            |
| =   | res.  | <b>.</b>   |  |   | •   |  |   |  |                    |                            |
| nonp  | oriority u  | our nonpriority unsecured clausecured clausecured claim, list the creditorant 1. If more than one creditor   | or separately  | for each clair  | m. For each claim   | listed, iden                                 | tify what type of claim it i  | s. Do not list clai  | ims already        |                            |
| clain   | ns fill ou  | t the Continuation Page of Pa  | ırt 2.   |   |   |  |   |  |                    | Tatal alaim                |
| 4.1   | ABRI Cr   | redit Union  |  | Last 4 digits o   | f account number  | NULI   | -   |  |                    | Total claim<br>\$ 3,001.00 |
| С   | reditor's N   |  |  |   |   |  | -2013   |  |                    |                            |
| _   | 0700 S (<br>Number                                      | Cass Ave Bldg 223 Street   |  | When was the  | debt incurred?  | 2011   | -2013   |  |                    |                            |
|   |   | 3,000  |  | Δs of the date  | you file, the claim   | is: Check a                                  | II that apply   |  |                    |                            |
| _   |   |  |  | Contingent  | you mo, and diam  | io. Oncoru                                   | ii tilat apply.   |  |                    |                            |
| _   | emont   | IL 6043  |  | Unliquidated  | İ   |  |   |  |                    |                            |
|   | o owes  | State Zip C the debt? Check one.   | ode  | Disputed  |   |  |   |  |                    |                            |
|   | Debtor 1  | only   |  |   |   |  |   |  |                    |                            |
|   | Debtor 2  | -  |  | <del></del> i   | RIORITY unsecure  | ed claim:                                    |   |  |                    |                            |
| =   |   | and Debtor 2 only  | l<br>r   | Student loar  |   |  |   |  |                    |                            |
| =   |   | one of the debtors and another   | l  | _   | arising out of a sepa   | -  | ment or divorce   |  |                    |                            |
|   |   | f this claim relates to a<br>nity debt   | ı  |   | not report as priority<br>nsion or profit-sharing                                 |  | other similar debts   |  |                    |                            |
|   |   | subject to offest?   | ı  | 2 3510 to per   | or pronconalli  | o picilo, and                                |   |  |                    |                            |
|   | No  |  | l  | Other. Spec   | ify Credit Card   | or Credit Us                                 | se  |  |                    |                            |
|   | Yes   |  |  |   |   |  |   |  |                    |                            |

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Case Number (if known) **Document** Eric Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** ABRI Credit Union \$ 3,026.00 Last 4 digits of account number \_ Creditor's Name 2012-2013 1350 W Renwick Rd When was the debt incurred?

|     | Number Street                           |  |     |
|-----|---|--|-----|
|     |   | As of the date you file, the claim is: Check all that apply.           |     |
|     |   | Contingent   |     |
|     | Romeoville IL 60446                     | Unliquidated   |     |
|     | City State Zip Code                     | Disputed   |     |
| ``  | Vho owes the debt? Check one.           |  |     |
| ļ   | Debtor 1 only                           |  |     |
| Į   | Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                                   |     |
| [   | Debtor 1 and Debtor 2 only              | Student loans  |     |
| [   | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce           |     |
| ſ   | Check if this claim relates to a        | that you did not report as priority claims                             |     |
| •   | community debt                          | Debts to pension or profit-sharing plans, and other similar debts      |     |
| !   | s the claim subject to offest?          |  |     |
|     | No                                      | Other. Specify Personal Loan   |     |
|     | Yes                                     |  |     |
| 4.3 | AT T Wireline                           | Last 4 digits of account number 3334 \$_215.                           | .00 |
|     | Creditor's Name                         | 2047 2047  |     |
|     | 8014 Bayberry Rd                        | When was the debt incurred? 2017-2017                                  |     |
|     | Number Street                           |  |     |
|     |   | As of the date you file, the claim is: Check all that apply.           |     |
|     |   | Contingent   |     |
|     | Jacksonville FL 32256                   | Unliquidated   |     |
|     | City State Zip Code                     |  |     |
| ١   | Vho owes the debt? Check one.           | Disputed   |     |
|     | Debtor 1 only                           |  |     |
| [   | Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                                   |     |
|     | Debtor 1 and Debtor 2 only              | Student loans  |     |
| Ī   | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce           |     |
| Ī   | Check if this claim relates to a        | that you did not report as priority claims                             |     |
|     | community debt                          | Debts to pension or profit-sharing plans, and other similar debts      |     |
| Į.  | s the claim subject to offest?          |  |     |
|     | No                                      | Other, Specify Collecting for Creditor                                 |     |
|     | Yes                                     |  |     |
| 4.4 | Capitalone                              | Last 4 digits of account number NULL \$\frac{107}{2}\$                 | .00 |
|     | Creditor's Name                         |  |     |
|     | 15000 Capital One Dr                    | When was the debt incurred? 2017-2018                                  |     |
|     | Number Street                           |  |     |
|     |   | As of the date you file, the claim is: Check all that apply.           |     |
|     |   |  |     |
|     | Richmond VA 23238                       | Contingent   |     |
|     | City State Zip Code                     | Unliquidated   |     |
| ١   | Vho owes the debt? Check one.           | Disputed   |     |
|     | Debtor 1 only                           |  |     |
| Ī   | Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                                   |     |
| Ī   | Debtor 1 and Debtor 2 only              | Student loans  |     |
| į   | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce           |     |
| [   | Check if this claim relates to a        | that you did not report as priority claims                             |     |
| L   | community debt                          | Debts to pension or profit-sharing plans, and other similar debts      |     |
| ı   | s the claim subject to offest?          | 5556 to position of profit originity plants, and other original doubte |     |
|     | No                                      | Other. Specify Credit Card or Credit Use                               |     |
| į   | Yes                                     | Outer. openity   |     |

| Eric R  First Name Middle Name  2: Your NONPRIORITY Unsecured Claim ting any entries on this page, number the  Capitalone  Creditor's Name 15000 Capital One Dr | Page 21 of 62  Last Name  Ins - Continuation Page  em beginning with 4.4, followed by 4.5, and so forth.  Last 4 digits of account number NULL  When was the debt incurred?  2014-2016 | Tota<br>\$ <u>2,7</u> |
|---|--|-----------------------|
| Your NONPRIORITY Unsecured Claim ting any entries on this page, number the Capitalone Creditor's Name   | Last Name  as - Continuation Page  em beginning with 4.4, followed by 4.5, and so forth.  Last 4 digits of account number  |                       |
| ting any entries on this page, number the  Capitalone  Creditor's Name  | em beginning with 4.4, followed by 4.5, and so forth.  Last 4 digits of account numberNULL   |                       |
| Capitalone Creditor's Name  | Last 4 digits of account numberNULL  |                       |
| Creditor's Name   | 2014 2016  | \$ <u>2,</u> 7        |
| Creditor's Name   | 20044-2040   |                       |
| 15000 Capital One Dr  | When was the debt incurred? 2014-2016  |                       |
|   |  |                       |
| Number Street   |  |                       |
|   | As of the date you file, the claim is: Check all that apply.   |                       |
|   | Contingent   |                       |
| Richmond VA 23238   |  |                       |
| City State Zip Code   | Unliquidated   |                       |
| ho owes the debt? Check one.  | Disputed   |                       |
| Debtor 1 only   |  |                       |
| Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |                       |
| Debtor 1 and Debtor 2 only  | Student loans  |                       |
| At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce   |                       |
| Check if this claim relates to a  | that you did not report as priority claims   |                       |
| community debt  | Debts to pension or profit-sharing plans, and other similar debts  |                       |
| the claim subject to offest?  |  |                       |
| No  | Other. Specify Credit Card or Credit Use   |                       |
| Yes   |  |                       |
| Collection Professiona  | Last 4 digits of account number 9696   | \$ <u>47</u>          |
| Creditor's Name   |  |                       |
| 723 1St St  | When was the debt incurred? 2017-2018  |                       |
| Number Street   |  |                       |
|   | As of the date you file, the claim is: Check all that apply.   |                       |
|   | Contingent   |                       |
| La Salle IL 61301   | Unliquidated   |                       |
| City State Zip Code   |  |                       |
| ho owes the debt? Check one.  | Disputed   |                       |
| Debtor 1 only   |  |                       |

Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? No Other. Specify Medical Debt Yes Comcast Cable Last 4 digits of account number \$ 200.00 4.7 Creditor's Name 1701 John F. Kennedy Blvd When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Philadelphia PA 19103 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify \_\_\_ Cable Bill

Official Form 106E/F

|           |                              | 18-10022            | Doc 1          | Filed 04/05/18<br>Document        | Entered 04/05/18 15:41:37<br>Page 22 of 62<br>Page 12 of 62 | Desc Main |                  |
|-----------|------------------------------|---------------------|----------------|-----------------------------------|---|-----------|------------------|
| Debtor 1  | Eric                         | R                   |                | - Kollmani Terre                  | Case Number (if known)                                      |           | _                |
|           | First Name                   | Middle Name         | •              | Last Name                         |   |           |                  |
| Part      | Your NONPRIOR                | TY Unsecured Cla    | aims - Continu | ation Page                        |   |           |                  |
| After lis | sting any entries on thi     | s page, number      | them beginni   | ng with 4.4, followed by 4.       | 5. and so forth.  |           | Total Clain      |
|           |                              |                     |                | <b>3</b>                          | .,  |           |                  |
| 4.8       | Creditors Discount & A       | ١                   | _ La           | st 4 digits of account numbe      | or 0435   |           | <b>\$</b> 139.00 |
|           | Creditor's Name              |                     |                |                                   |   |           |                  |
|           | 415 E Main St                |                     | WI             | nen was the debt incurred?        | 2015-2016   |           |                  |
|           | Number Street                |                     |                |                                   |   |           |                  |
|           |                              |                     | As             | of the date you file, the clair   | m is: Check all that apply.                                 |           |                  |
|           |                              |                     | _              | Contingent                        |   |           |                  |
|           | Streator                     | IL 61364            | •              | Unliquidated                      |   |           |                  |
| w         | City /ho owes the debt? Chec | State Zip Cock one. | de             | Disputed                          |   |           |                  |
|           | Debtor 1 only                |                     |                |                                   |   |           |                  |
| l Ē       | Debtor 2 only                |                     | Tv             | pe of NONPRIORITY unsecu          | red claim:  |           |                  |
| 1 7       | Debtor 1 and Debtor 2 or     | nlv                 | Γ̈́            | Student loans                     |   |           |                  |
|           | At least one of the debto    | •                   |                | Obligations arising out of a ser  | paration agreement or divorce                               |           |                  |
|           | Check if this claim rel      |                     |                | that you did not report as priori | •   |           |                  |
| -         | community debt               | ales to a           |                |                                   | ing plans, and other similar debts                          |           |                  |
| Is        | the claim subject to off     | est?                | <u> </u>       | 2000 to policion or pront onal    | ing plane, and outer similar desce                          |           |                  |
|           | No                           |                     |                | Other. Specify Medical De         | ebt   |           |                  |
|           | Yes                          |                     |                | Outon opeony                      | <del></del>   |           |                  |
| 4.9       | Creditors Discount & A       | ١                   | _ La           | st 4 digits of account numbe      | r 7463  |           | <b>\$</b> 216.00 |
|           | Creditor's Name              |                     |                |                                   |   |           |                  |
|           | 415 E Main St                |                     | WI             | nen was the debt incurred?        | 2012-2017   |           |                  |
|           | Number Street                |                     |                |                                   |   |           |                  |
|           |                              |                     | As             | of the date you file, the clair   | m is: Check all that apply.                                 |           |                  |
|           |                              |                     | - <u>~</u>     | Contingent                        |   |           |                  |
|           | Streator                     | IL 61364            | ₁ ¦            | Unliquidated                      |   |           |                  |
|           |                              |                     |                | Urinquidated                      |   |           |                  |

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Case Number (if known) **Document** Eric Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 4.11 Creditors Discount & A **\$** 958.00 Last 4 digits of account number \_\_\_\_\_0448

|      | Creditor's Name                                    | When was the debt incurred? 2017-2017  |                    |
|------|--|--|--------------------|
|      | 415 E Main St                                      | When was the debt incurred? $\frac{2017-2017}{}$                             |                    |
|      | Number Street                                      |  |                    |
|      |  | As of the date you file, the claim is: Check all that apply.                 |                    |
|      |  | Contingent   |                    |
|      | Streator IL 61364                                  | Unliquidated   |                    |
| v    | City State Zip Code  Who owes the debt? Check one. | Disputed   |                    |
| i    | Debtor 1 only                                      | _  |                    |
| Ī    | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:   |                    |
| ř    | Debtor 1 and Debtor 2 only                         | Student loans  |                    |
| ř    | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce                 |                    |
|      | Check if this claim relates to a                   | that you did not report as priority claims                                   |                    |
| L    | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts            |                    |
| ls   | s the claim subject to offest?                     |  |                    |
|      | No   | Other. Specify Medical Debt  |                    |
|      | Yes  |  |                    |
| 4.12 | Creditors Discount & Audit Co.                     | Last 4 digits of account number  | <b>\$</b> 1,859.04 |
|      | Creditor's Name                                    |  |                    |
|      | PO Box 213   | When was the debt incurred?  |                    |
|      | Number Street                                      |  |                    |
|      |  | As of the date you file, the claim is: Check all that apply.                 |                    |
|      |  | Contingent   |                    |
|      | Streator IL 61364                                  | Unliquidated   |                    |
| v    | City State Zip Code  Who owes the debt? Check one. | ☐ Disputed   |                    |
| ľ    | =  |  |                    |
| F    | Debtor 1 only                                      | T (NONDRIODITY   |                    |
| L    | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:  Student loans                          |                    |
| L    | Debtor 1 and Debtor 2 only                         | Obligations arising out of a separation agreement or divorce                 |                    |
| L    | At least one of the debtors and another            | that you did not report as priority claims                                   |                    |
| L    | Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts            |                    |
| ls   | s the claim subject to offest?                     | Debts to pension of profit-sharing plans, and other similar debts            |                    |
|      | No   | Other. Specify Credit Extended to Debtor(s)                                  |                    |
| Ī    | Yes  | Other. Openity   |                    |
| 4.13 | DirecTV  | Last 4 digits of account number  | \$_300.00          |
|      | Creditor's Name                                    |  |                    |
|      | PO Box 78626                                       | When was the debt incurred?  |                    |
|      | Number Street                                      |  |                    |
|      |  | As of the date you file, the claim is: Check all that apply.                 |                    |
|      |  | Contingent   |                    |
|      | Phoenix AZ 85062                                   | Unliquidated   |                    |
| v    | City State Zip Code  Vho owes the debt? Check one. | Disputed   |                    |
| ľ    | =  |  |                    |
|      | Debtor 1 only                                      | Turn of NONDRIGHTY unconstant eleien.  |                    |
| L    | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:   |                    |
| L    | Debtor 1 and Debtor 2 only                         | Student loans  Obligations origing out of a congretion agreement or diverse. |                    |
| Ļ    | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce                 |                    |
| L    | Check if this claim relates to a                   | that you did not report as priority claims                                   |                    |
| I    | community debt<br>s the claim subject to offest?   | Debts to pension or profit-sharing plans, and other similar debts            |                    |
| Ì    | No   | Other. Specify Utility Bills/Cellular Service                                |                    |
| Ī    | Yes  | Other, openity   |                    |

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| 7.17     |  |  |                  |
|----------|--|--|------------------|
|          | Creditor's Name                                    | When we do do he had become do   |                  |
|          | Dept. 0063   | When was the debt incurred?  |                  |
|          | Number Street                                      |  |                  |
|          |  | As of the date you file, the claim is: Check all that apply.   |                  |
|          |  | Contingent   |                  |
|          | Palatine IL 60055-0063                             |  |                  |
|          | City State Zip Code                                | Unliquidated   |                  |
| V        | Vho owes the debt? Check one.                      | Disputed   |                  |
|          | Debtor 1 only                                      |  |                  |
| Ī        | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:   |                  |
| l ř      | Debtor 1 and Debtor 2 only                         | Student loans  |                  |
| 1 8      |  | Obligations arising out of a separation agreement or divorce   |                  |
|          | At least one of the debtors and another            |  |                  |
|          | Check if this claim relates to a                   | that you did not report as priority claims   |                  |
| Ι.       | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |                  |
| l K      | s the claim subject to offest?                     |  |                  |
|          | No   | Other. SpecifyUtility Bills/Cellular Service   |                  |
| $\vdash$ | Yes  |  | <b>500.00</b>    |
| 4.15     | Edward Health Ventures                             | Last 4 digits of account number  | <u>\$ 500.00</u> |
|          | Creditor's Name                                    |  |                  |
|          | Dept. 77-3471                                      | When was the debt incurred?  |                  |
|          | Number Street                                      |  |                  |
|          |  | As of the date you file, the claim is: Check all that apply.   |                  |
|          |  |  |                  |
|          | Chicago IL 60678                                   | Contingent   |                  |
|          | City State Zip Code                                | Unliquidated   |                  |
| V        | Vho owes the debt? Check one.                      | Disputed   |                  |
| 1 [      | Debtor 1 only                                      |  |                  |
| l ř      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:   |                  |
| 1 8      | =  |  |                  |
|          | Debtor 1 and Debtor 2 only                         | Student loans  |                  |
|          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce   |                  |
| [        | Check if this claim relates to a                   | that you did not report as priority claims   |                  |
|          | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |                  |
| l li     | s the claim subject to offest?                     |  |                  |
|          | No   | Other. Specify Medical/Dental Services   |                  |
|          | Yes  |  |                  |
| 4.16     | Edward Hospital                                    | Last 4 digits of account number  | \$ <u>500.00</u> |
|          | Creditor's Name                                    |  |                  |
|          | 801 S. Washington st.                              | When was the debt incurred?  |                  |
|          | Number Street                                      |  |                  |
|          |  | As a false date was file that a label has Obertall Hills to a label has been been false for the false false false for the false fals |                  |
|          |  | As of the date you file, the claim is: Check all that apply.   |                  |
|          | Naperville IL 60566                                | Contingent   |                  |
|          |  | Unliquidated   |                  |
| l v      | City State Zip Code  Who owes the debt? Check one. | Disputed   |                  |
| İ        | Debtor 1 only                                      |  |                  |
|          |  |  |                  |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:   |                  |
| <u> </u> | Debtor 1 and Debtor 2 only                         | Student loans  |                  |
| [        | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce   |                  |
| 1 7      | Check if this claim relates to a                   | that you did not report as priority claims   |                  |
| "        | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |                  |
| ls ls    | s the claim subject to offest?                     | <del>_</del>   |                  |
|          | No   | Other. Specify Medical/Dental Service  |                  |
| 1 7      |  | Onion Openiny  |                  |

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| 4.17 | Loyola Univ. Med. Center                           | Last 4 digits of account number                                   | \$ <u>180.00</u> |
|------|--|---|------------------|
|      | Creditor's Name                                    |   |                  |
|      | PO Box 95009                                       | When was the debt incurred?                                       |                  |
|      | Number Street                                      |   |                  |
|      |  | As of the date you file, the claim is: Check all that apply.      |                  |
|      | Chicago IL 60694                                   | Contingent  |                  |
|      | City State Zip Code                                | Unliquidated  |                  |
| 1    | Who owes the debt? Check one.                      | Disputed  |                  |
|      | Debtor 1 only                                      |   |                  |
|      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|      | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
|      | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|      | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| Ι.   | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| l i  | s the claim subject to offest?  No                 | Medical/Deptal Conjec   |                  |
|      | Yes  | Other. Specify Medical/Dental Service                             |                  |
| 4.18 | MBB  | Last 4 digits of account number 2977                              | <b>\$</b> 23.00  |
|      | Creditor's Name                                    |   |                  |
|      | 1460 Renaissance Dr                                | When was the debt incurred? 2013-2014                             |                  |
|      | Number Street                                      |   |                  |
|      |  | As of the date you file, the claim is: Check all that apply.      |                  |
|      | Park Pides   | Contingent  |                  |
|      | Park Ridge IL 60068 City State Zip Code            | Unliquidated  |                  |
| 1    | City State Zip Code  Who owes the debt? Check one. | Disputed  |                  |
|      | Debtor 1 only                                      |   |                  |
| [    | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|      | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
|      | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|      | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
|      | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| '    | s the claim subject to offest?                     | - M. F. ID. II  |                  |
|      | No<br>Yes  | Other. Specify Medical Debt                                       |                  |
| 4.19 | MBB  | Last 4 digits of account number 2978                              | \$ 597.00        |
| 4.10 | Creditor's Name                                    |   |                  |
|      | 1460 Renaissance Dr                                | When was the debt incurred? 2016-2016                             |                  |
|      | Number Street                                      |   |                  |
|      |  | As of the date you file, the claim is: Check all that apply.      |                  |
|      |  | Contingent  |                  |
|      | Park Ridge IL 60068                                | Unliquidated  |                  |
| ١ ١  | City State Zip Code  Who owes the debt? Check one. | Disputed  |                  |
|      | Debtor 1 only                                      |   |                  |
| j    | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
| j    | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
| i    | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
| j    | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| '    | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|      | s the claim subject to offest?                     | _   |                  |
|      | No T.  | Other. Specify Medical Debt                                       |                  |
|      | Yes  |   |                  |

| De | ebtor 1 | First Name   | Case 18-10022  R  Middle N  | Name          | Romannent<br>Last Name   | Entered 04/05/18 15:41:37<br>Page 26 of 62<br>Page 26 of 62<br>Page 26 of 62 | _                  |
|----|---------|--|---|---------------|--|--|--------------------|
| Af | ter lis | sting any e  | ntries on this page, numb   | er them begin | ning with 4.4, followed by 4.  | 5, and so forth.   | Total Clain        |
| 4  | .20     | Morris Hos<br>Creditor's Nar<br>150 W. Hig<br>Number | me  |               | ast 4 digits of account numbe.  When was the debt incurred?  | er   | \$ <u>1,000.00</u> |
|    | w       | Morris City /ho owes th                              | State Zipne debt? Check one.  | 450 [         | As of the date you file, the claid Contingent Unliquidated Disputed  | <b>m is:</b> Check all that apply.   |                    |
|    |         | At least on Check if t                               | nd Debtor 2 only the of the debtors and another this claim relates to a | ]<br>]<br>]   | Student loans  Obligations arising out of a septhat you did not report as prior  Debts to pension or profit-shar | paration agreement or divorce  |                    |
|    |         | No<br>Yes  |   | I             | Other. Specify Medical/De  | ental Service  |                    |
| 4  | .21     | Creditor's Nar                                       | ne Credit & CO ne nerce Dr Ste 270 Street                               |               | ast 4 digits of account number.  When was the debt incurred?   | 2016-2016  | <u>\$ 71.00</u>    |
|    |         |  |   | <u>'</u>      | As of the date you file, the clai  | m is: Опеск ан that apply.   |                    |

Contingent Oak Brook IL 60523 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? No Other. Specify Medical Debt Yes Prairie Trail Credit U 00S1 \$ 0.00 Last 4 digits of account number 4.22 Creditor's Name 2008-2010 2350 W Mcdonough St When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Joliet 60436 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Personal Loan Other. Specify \_\_

|          | E4.                    |                                   | oc 1      | Filed 04/05/18<br>Dacument       | 8 Er<br>Pac  | ntered 04/05/18 15:41:37<br>ge 27 of 62<br>Case Number (if known) | Desc Main |                    |
|----------|------------------------|-----------------------------------|-----------|----------------------------------|--------------|---|-----------|--------------------|
| ebtor 1  |                        | R                                 |           |                                  |              | Case Number (if known)  |           | _                  |
|          | First Name             | Middle Name                       |           | Last Name                        |              |   |           |                    |
| Par      | Your                   | NONPRIORITY Unsecured Claims      | - Continu | ation Page                       |              |   |           |                    |
| After li | sting any e            | ntries on this page, number then  | n beginni | ing with 4.4, followed by 4.     | 4.5, and s   | so forth.   |           | Total Claim        |
| 4.23     | Prairie Tra            | il Credit U                       | La        | est 4 digits of account number   | ber          | 00S2  |           | \$ 0.00            |
| 4.20     | Creditor's Nan         | ne                                |           |                                  |              | <del></del> _   |           |                    |
|          | 2350 W M               | cdonough St                       | Wi        | hen was the debt incurred?       | ? .          | 2009-2010   |           |                    |
|          | Number                 | Street                            |           |                                  |              |   |           |                    |
|          |                        | <del> </del>                      | As        | s of the date you file, the clai | aim is: Ch   | neck all that apply.  |           |                    |
|          |                        |                                   |           | Contingent                       |              |   |           |                    |
|          | Joliet                 | IL 60436                          |           | Unliquidated                     |              |   |           |                    |
| v        | City<br>Vho owes th    | State Zip Code e debt? Check one. |           | Disputed                         |              |   |           |                    |
|          | Debtor 1 o             | nly                               |           |                                  |              |   |           |                    |
| Ī        | Debtor 2 or            | •                                 | Tv        | rpe of NONPRIORITY unsecu        | cured clai   | m:  |           |                    |
| Ī        | =                      | nd Debtor 2 only                  | Ü         | Student loans                    |              |   |           |                    |
| Ī        | =                      | e of the debtors and another      |           | Obligations arising out of a se  | separation a | agreement or divorce  |           |                    |
| Ī        | Check if t             | his claim relates to a            |           | that you did not report as prior | ority claims | 5   |           |                    |
| L        | communi                |                                   |           | Debts to pension or profit-sha   | aring plans  | s, and other similar debts  |           |                    |
| ls       | the claim s            | ubject to offest?                 |           |                                  |              |   |           |                    |
| Į        | No                     |                                   |           | Other. Specify Personal L        | Loan         |   |           |                    |
|          | Yes<br>Prairie Tra     | il Crodit II                      |           |                                  |              | 0010  |           | <b>-</b> 0.00      |
| 4.24     |                        |                                   | La        | st 4 digits of account number    | ber          | OSIG  |           | \$ <u>0.00</u>     |
|          | Creditor's Nan         | ne<br>cdonough St                 | W         | hen was the debt incurred?       | 2            | 2010-2010   |           |                    |
|          | Number                 | Street                            |           |                                  |              |   |           |                    |
|          |                        |                                   |           |                                  | alma la . Ol |   |           |                    |
|          |                        |                                   | AS        | s of the date you file, the clai | aim is: Cr   | песк аш тлат арріу.   |           |                    |
|          | Joliet                 | IL 60436                          | 片         | Contingent                       |              |   |           |                    |
|          | City                   | State Zip Code                    | ⊢         | Unliquidated                     |              |   |           |                    |
| V        | _                      | e debt? Check one.                | Ш         | Disputed                         |              |   |           |                    |
| ļ        | Debtor 1 o             |                                   |           |                                  |              |   |           |                    |
| Ļ        | Debtor 2 o             |                                   | Ту        | rpe of NONPRIORITY unsecu<br>1   | cured clai   | m:  |           |                    |
| Ļ        | =                      | nd Debtor 2 only                  | ⊢         | Student loans                    |              |   |           |                    |
| Ļ        | At least on            | e of the debtors and another      | Ш         | Obligations arising out of a se  |              |   |           |                    |
| L        |                        | his claim relates to a            |           | that you did not report as prior | -            |   |           |                    |
| ls       | communi<br>the claim s | ty debt<br>subject to offest?     | Ш         | Debts to pension or profit-sha   | aring plans  | s, and other similar debts  |           |                    |
| Ì        | No                     | abject to enect.                  |           | Other. Specify Personal L        | Loan         |   |           |                    |
| Ī        | Yes                    |                                   |           | Other. Specify torsonare         | Loui         |   |           |                    |
| 4.25     | Silver Cros            | ss Hospital                       | La        | st 4 digits of account number    | ber          |   |           | <b>\$</b> 1,500.00 |
|          | Creditor's Nan         | ne                                |           |                                  |              |   |           |                    |
|          | 1900 Silve             | r Cross Blvd                      | Wi        | hen was the debt incurred?       | ?.           |   |           |                    |
|          | Number                 | Street                            |           |                                  |              |   |           |                    |
|          |                        |                                   | As        | of the date you file, the clai   | aim is: Ch   | neck all that apply.  |           |                    |
|          | _                      |                                   |           | Contingent                       |              |   |           |                    |
|          | New Lenox              | x IL 60451                        | 一         | Unliquidated                     |              |   |           |                    |
|          | City                   | State Zip Code e debt? Check one. | H         | Disputed                         |              |   |           |                    |
| Г        | Debtor 1 o             |                                   |           | 1 .                              |              |   |           |                    |
| ŀ        | Debtor 2 of            | •                                 | <b>T</b>  | me of NONDDIODITY                | اداد اموسیم  |   |           |                    |
| L        | Dentor 2 0             | illy                              | ıy        | pe of NONPRIORITY unsecu         | cured cial   | m;  |           |                    |

Debtor 1 and Debtor 2 only

Is the claim subject to offest?

community debt

At least one of the debtors and another Check if this claim relates to a

Obligations arising out of a separation agreement or divorce

Debts to pension or profit-sharing plans, and other similar debts

that you did not report as priority claims

Other. Specify Medical/Dental Service

Student loans

No

Yes

| Debtor 1   | Eric  | Case 18-10022 | Doc 1 | Filed 04/05/18<br>Rocument | Entered 04/05/18 15:41:37<br>Page 28 of 62<br>Case Number (if known) |  |  |  |  |
|--|---|---------------|-------|----------------------------|--|--|--|--|--|
|  | First Name  | Middle Name   |       | Last Name                  |  |  |  |  |  |
| Part 2   | Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page |               |       |                            |  |  |  |  |  |
| After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. |   |               |       |                            |  |  |  |  |  |
|  | St. Margaret Maray Healthears                                 |               |       |                            |  |  |  |  |  |

| After lis | sting any entries on this page, number them be                                 | ginning with 4.4, followed by 4.5, and so forth.                  | Total Claim      |  |  |  |
|-----------|--|---|------------------|--|--|--|
| 4.26      | St. Margaret Mercy Healthcare  | Last 4 digits of account number                                   | <u>\$ 180.00</u> |  |  |  |
|           | Creditor's Name  | When we the debt in surred 2                                      |                  |  |  |  |
|           | PO Box 1000  | When was the debt incurred?                                       |                  |  |  |  |
|           | Number Street  |   |                  |  |  |  |
|           |  | As of the date you file, the claim is: Check all that apply.      |                  |  |  |  |
|           | Dyer IN 46311  | Contingent  |                  |  |  |  |
|           | Dyer         IN         46311           City         State         Zip Code    | Unliquidated  |                  |  |  |  |
| w         | /ho owes the debt? Check one.  | Disputed  |                  |  |  |  |
| г         | Debtor 1 only  |   |                  |  |  |  |
| ΙĒ        | Debtor 2 only  | Type of NONPRIORITY unsecured claim:                              |                  |  |  |  |
| Ī         | Debtor 1 and Debtor 2 only   | Student loans   |                  |  |  |  |
| lī        | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce      |                  |  |  |  |
| F         | Check if this claim relates to a   | that you did not report as priority claims                        |                  |  |  |  |
| -         | community debt   | Debts to pension or profit-sharing plans, and other similar debts |                  |  |  |  |
| Is        | the claim subject to offest?   | _   |                  |  |  |  |
|           | No   | Other. Specify Medical/Dental Services                            |                  |  |  |  |
|           | Yes Ct. Man. Madical Contact   |   | . 1.00           |  |  |  |
| 4.27      | St. Mary Medical Center  | Last 4 digits of account number                                   | <u>\$ 1.00</u>   |  |  |  |
|           | Creditor's Name  | When was the daht in surred?                                      |                  |  |  |  |
|           | PO Box 3603  | When was the debt incurred?                                       |                  |  |  |  |
|           | Number Street  |   |                  |  |  |  |
|           | Suite 103  | As of the date you file, the claim is: Check all that apply.      |                  |  |  |  |
|           | Munotor IN 46224   | Contingent  |                  |  |  |  |
|           | Munster         IN         46321           City         State         Zip Code | Unliquidated  |                  |  |  |  |
| w         | /ho owes the debt? Check one.  | Disputed  |                  |  |  |  |
|           | Debtor 1 only  |   |                  |  |  |  |
| Ī         | Debtor 2 only  | Type of NONPRIORITY unsecured claim:                              |                  |  |  |  |
| ΙĒ        | Debtor 1 and Debtor 2 only   | Student loans   |                  |  |  |  |
| ř         | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce      |                  |  |  |  |
| 7         | Check if this claim relates to a   | that you did not report as priority claims                        |                  |  |  |  |
| -         | community debt   | Debts to pension or profit-sharing plans, and other similar debts |                  |  |  |  |
| Is        | the claim subject to offest?   |   |                  |  |  |  |
|           | No   | Other. Specify Medical/Dental Services                            |                  |  |  |  |
|           | Yes  |   |                  |  |  |  |
| 4.28      | Syncb/CAR CARE DISC TI   | Last 4 digits of account number NULL                              | \$ <u>600.00</u> |  |  |  |
|           | Creditor's Name  | When was the debt incurred? 2012-2016                             |                  |  |  |  |
|           | Po Box 965036  | When was the debt incurred? 2012-2016                             |                  |  |  |  |
|           | Number Street  |   |                  |  |  |  |
|           |  | As of the date you file, the claim is: Check all that apply.      |                  |  |  |  |
|           | Orlando FL 32896   | Contingent  |                  |  |  |  |
|           |  | Unliquidated  |                  |  |  |  |
| w         | City State Zip Code /ho owes the debt? Check one.                              | Disputed  |                  |  |  |  |
|           | Debtor 1 only  |   |                  |  |  |  |
| ΙĒ        | Debtor 2 only  | Type of NONPRIORITY unsecured claim:                              |                  |  |  |  |
| 7         | Debtor 1 and Debtor 2 only   | Student loans   |                  |  |  |  |
|           | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce      |                  |  |  |  |
| 7         | Check if this claim relates to a   | that you did not report as priority claims                        |                  |  |  |  |
| -         | community debt   | Debts to pension or profit-sharing plans, and other similar debts |                  |  |  |  |
| <u>Is</u> | the claim subject to offest?   |   |                  |  |  |  |
|           | No   | Other. Specify Credit Card or Credit Use                          |                  |  |  |  |
|           | Yes  |   |                  |  |  |  |

Case 18-10022 Doc 1 Filed 04/05/18 Entered 04/05/18 15:41:37 Desc Main Page 29 of 62 Case Number (if known) **Document** Eric Debtor 1 First Name \$ 509.00 Verizon Wireless NULL 4.29 Last 4 digits of account number Creditor's Name 2015-2017 Po Box 650051 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Dallas TX 75265 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt

Other. Specify \_\_\_\_ Unknown Credit Extension

Is the claim subject to offest?

No

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**Document** Debtor 1 Eric R

Page 30 of 62 Case Number (if known)

| First | V |
|-------|---|
|       |   |

List Others to Be Notified for a Debt That You Already Listed

| 5. | Use this page only if you have others to be notified about example, if a collection agency is trying to collect from yo 2, then list the collection agency here. Similarly, if you have additional creditors here. If you do not have additional per | u for a debt you<br>ve more than on | owe to someone else, list the original<br>ne creditor for any of the debts that you | l creditor in Parts 1 or<br>u listed in Parts 1 or 2, list the |
|----|--|-------------------------------------|---|--|
|    | Will County Circuit Court, 13SC2263  | _                                   | On which entry in Part 1 or Part 2 li   | ist the original creditor?                                     |
|    | Name<br>14 W. Jefferson St   |                                     | Line1 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims               |
|    | Number Street  | _                                   |   | Part 2: Creditors with Nonpriority Unsecured Claims            |
|    | Joliet IL  | —<br>60432                          | Last 4 digits of account number _   | 0004   |
|    | City State Zip   | Code                                |   |  |
|    | Troy & Associates, Bankruptcy Dept.  | _                                   | On which entry in Part 1 or Part 2 li   | ist the original creditor?                                     |
|    | Name<br>PO box 606   | _                                   | Line 1 of (Check one):  | Part 1: Creditors with Priority Unsecured Claims               |
|    | Number Street  |                                     |   | Part 2: Creditors with Nonpriority Unsecured Claims            |
|    |  | _                                   |   | 2224   |
|    | Channahon IL City State Zi   | 60410<br>p Code                     | Last 4 digits of account number   | 0004   |
|    | DuPage County Clerk, 18SC547   |                                     | On which entry in Part 1 or Part 2 li   | ist the original creditor?                                     |
|    | Name<br>421 N County Farm Rd.  |                                     | Line 5 of (Check one):  | Part 1: Creditors with Priority Unsecured Claims               |
|    | Number Street  | _                                   | ene or (one or one).  | Part 2: Creditors with Nonpriority Unsecured Claims            |
|    |  |                                     |   |  |
|    | Wheaton IL   | 60187                               | Last 4 digits of account number   | NULL   |
| L  | City State Zip   | Code                                |   |  |
|    | Michael R Naughton, Attn: Bankruptcy Dept.   | _                                   | On which entry in Part 1 or Part 2 li   | ist the original creditor?                                     |
|    | Name<br>155 W North St   |                                     | Line 12 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims               |
|    | Number Street  | _                                   |   | Part 2: Creditors with Nonpriority Unsecured Claims            |
|    |  | _                                   |   |  |
|    | Manhattan IL   |                                     | Last 4 digits of account number   |  |
| _  | City State Zip   | Code                                |   |  |
|    | DuPage County Clerk, 17SC4664  Name  | _                                   | On which entry in Part 1 or Part 2 li   | _  |
|    | 421 N County Farm Rd.  | _                                   | Line 12 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims               |
|    | Number Street  |                                     |   | Part 2: Creditors with Nonpriority Unsecured Claims            |
|    | Wheaton IL   | —<br>60187                          | Last 4 digits of account number   |  |
|    | City State Zi  |                                     |   | <del></del>  |
|    | Will County Circuit Court, 17SC4181  | _                                   | On which entry in Part 1 or Part 2 li   | ist the original creditor?                                     |
|    | Name<br>14 W. Jefferson St   | _                                   | Line 28 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims               |
|    | Number Street  |                                     |   | Part 2: Creditors with Nonpriority Unsecured Claims            |
|    | laliet "   |                                     |   | NULL   |
|    | Joliet IL City State Zit,  | 60432<br><br>Code                   | Last 4 digits of account number   | NULL   |
|    |  |                                     |   |  |

Official Form 106E/F

Case 18-10022 Doc 1 Filed 04/05/18 Entered 04/05/18 15:41:37 Desc Main Page 31 of 62 Case Number (if known) **Document** Eric Debtor 1 Last Name Middle Name Meyer & Njus PA, Bankruptcy Dept. On which entry in Part 1 or Part 2 list the original creditor? Line \_\_28\_\_ of (Check one): Part 1: Creditors with Priority Unsecured Claims 33 N. Dearborn Ste 1301 Street Part 2: Creditors with Nonpriority Unsecured Claims Number Last 4 digits of account number \_\_\_\_ NULL \_\_\_ 60602 Chicago IL City State Zip Code

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Debtor 1 Eric R

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                             |   |            | Total claim         |
|-----------------------------|---|------------|---------------------|
| Total claims<br>from Part 1 | 6a. Domestic support obligations  | 6a.        | \$                  |
|                             | 6b. Taxes and Certain other debts you owe the government  | 6b.        | \$0.00              |
|                             | 6c. Claims for death or personal injury while you were intoxicated  | 6c.        | \$0.00              |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.  | 6d.        | \$0.00              |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e.        | \$0.00              |
|                             |   |            |                     |
|                             |   |            | Total claim         |
| Total claims<br>from Part 2 | 6f. Student loans   | 6f.        | Total claim  \$0.00 |
|                             | 6f. Student loans  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  | 6f.<br>6g. | 0.00                |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority  |            | \$0.00              |
|                             | <ul><li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li><li>6h. Debts to pension or profit-sharing plans, and other</li></ul> | 6g.        | \$                  |

Schedule E/F: Creditors Who Have Unsecured Claims

| Fill             | l in this in                             | Casa 19<br>formation to ider  |  | Filod 04/05/19   | Entered 04/05/18 15:41:37<br>3 of 62   | Desc Main           |
|------------------|--|---|--|--|--|---------------------|
| De               | ebtor 1                                  | Eric  | R  | Kollman  |  |                     |
|                  |  | First Name  | Middle Name  | Last Name  |  |                     |
|                  | ebtor 2                                  | First Name  | Middle Name  | Last Name  |  |                     |
|                  |  | Bankruptev Court fo   | or the : <u>NORTHERN</u> Distric   | t of ILLINOIS  |  |                     |
|                  | ase Number                               |   |  | (State)  |  | Check if this is an |
|                  | known)                                   |   |  |  |  | amended filing      |
| <u>Offi</u>      | cial Fo                                  | orm 106G  |  |  |  |                     |
| Sch              | edule                                    | G: Execut   | ory Contracts a  | nd Unexpired Lea   | ses  | 12/1                |
| nforn<br>additi  | nation. If nonal pages o you hav  No. Ch | nore space is neally write your name any executory eck this box and | eded, copy the additional part and case number (if kno contracts or unexpired leasubmit this form to the court | age, fill it out, number the enwn). ses? with your other schedules. Yo | n are equally responsible for supplying correct ntries, and attach it to this page. On the top of an output nothing else to report on this form.   | ny                  |
| <b>e</b> )<br>ur | st separat<br>cample, re<br>nexpired le  | ely each person<br>nt, vehicle lease,<br>ases.                      | or company with whom yo<br>cell phone). See the instru   | u have the contract or lease<br>ctions for this form in the instr      | Schedule A/B: Property (Official Form 106A/B)  Then state what each contract or lease is for (for the state what each contract or lease what each contract or lease is for (for the state what each contract or lease what each contract or lease what | ntracts and         |
|                  | Person or                                | company with w  | hom you have the contract  | i or lease   | State what the contract or lease   | e is for            |
| 2.1              | Nama                                     |   |  |  |  |                     |
|                  | Name                                     |   |  |  | -  |                     |
|                  | Number                                   | Street  |  |  |  |                     |
|                  | City                                     |   | State  | Zip Code   | -  |                     |
| 2.2              |  |   |  |  |  |                     |
|                  | Name                                     |   |  |  | -  |                     |
|                  | Number                                   | Street  |  |  | -  |                     |
|                  | City                                     |   | State  | Zip Code   | -  |                     |
| 2.3              |  |   |  |  |  |                     |
|                  | Name                                     |   |  |  | -  |                     |
|                  | Number                                   | Street  |  |  | -  |                     |
|                  | City                                     |   | State  | Zip Code   | -  |                     |
| 2.4              |  |   |  |  |  |                     |
|                  | Name                                     |   |  |  | -  |                     |
|                  | Number                                   | Street  |  |  | -  |                     |
|                  | City                                     |   | State  | Zip Code   | -  |                     |
| 2.5              |  |   |  |  |  |                     |
|                  | Name                                     |   |  |  | -  |                     |
|                  | Number                                   | Street  |  |  | -  |                     |

State Zip Code

City

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| Fill in this information to identify your case: |                     |  |                 |  |
|---|---------------------|--|-----------------|--|
| Debtor 1  | Eric                | R                                      | Kollman         |  |
|   | First Name          | Middle Name                            | Last Name       |  |
| Debtor 2  | -                   |  |                 |  |
| (Spouse, if filing)                             | First Name          | Middle Name                            | Last Name       |  |
| United States                                   | Bankruptcy Court fo | or the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |  |
| Case Number                                     |                     |  | _               |  |
| (If known)                                      |                     |  |                 |  |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any Ac        | Iditional Pages, write your name and case number (if kn  | own). Answer every questic    | n.   |
|---------------|--|-------------------------------|--|
| 1. <b>D</b> c | you have any codebtors? (If you are filing a joint case, d   | o not list either spouse as a | codebtor.)   |
|               | No.  |                               |  |
|               | Yes  |                               |  |
|               | ithin the last 8 years, have you lived in a community pro<br>izona, California, Idaho, Lousiiana, Nevada, New Mexico,                      |                               |  |
|               | No. Go to line 3.  |                               |  |
|               | Yes. Did your spouse, former spouse, or legal equivaler  | t live with you at the time?  |  |
|               | <ul><li>☑ No</li><li>☑ Yes. Inwhich community state or territory did you liv</li></ul>   | /e? .                         | Fill in the name and current address of that person.                                   |
|               |  |                               |  |
|               | Name of your spouse, former spouse or legal equivalent   |                               |  |
|               | Number Street  |                               |  |
|               | City State   | Zip Cod                       |  |
| Sc            | chedule D (Official Form 106D), Schedule E/F (Official Fo<br>chedule E/F, or Schedule G to fill out Column 2.  **Column 1: Your codebtor** | rm 106E/F), or Schedule G     | (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the debt |
|               |  |                               | Check all schedules that apply:  |
| 3.1           | Jennifer Navarro   |                               | Schedule D, line1  |
|               | Name<br>2340 Portsmouth Ct   |                               | Schedule E/F, line   |
|               | Number Street Aurora IL  | 60504                         | Schedule G, line   |
|               | City State   | Zip Code                      |  |
| 3.2           |  |                               | Schedule D, line   |
|               | Name   |                               | Schedule E/F, line   |
|               | Number Street  |                               | Schedule G, line   |
|               | City State   | Zip Code                      |  |
| 3.3           |  |                               | Schedule D, line   |
|               | Name   |                               | Schedule E/F, line   |
|               | Number Street  |                               | Schedule G, line   |
|               | City State   | Zip Code                      |  |

| Fill in this information to identify your case: |                |  |           |  |  |
|---|----------------|--|-----------|--|--|
| Debtor 1  | Eric           | R  | Kollman   |  |  |
|   | First Name     | Middle Name                              | Last Name |  |  |
| Debtor 2  |                |  |           |  |  |
| (Spouse, if filing)                             | First Name     | Middle Name                              | Last Name |  |  |
| United States                                   | Bankruptcy Cou | rt for the : <u>NORTHERN DISTRICT OF</u> | ILLINOIS  |  |  |
| Case Number                                     | ·              |  | _         |  |  |
|   |                |  |           |  |  |

| Che | ck if this is:                              |  |  |  |  |  |
|-----|---|--|--|--|--|--|
|     | An amended filing                           |  |  |  |  |  |
|     | A supplement showing post-petition          |  |  |  |  |  |
|     | chapter 13 income as of the following date: |  |  |  |  |  |
|     |   |  |  |  |  |  |
|     | MM / DD / YYYY                              |  |  |  |  |  |

## Official Form 106I

#### **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa   | rt 1: Describe Employment  |                          |                                      |              |                                   |  |  |  |
|--|--|--------------------------|--------------------------------------|--------------|-----------------------------------|--|--|--|
| 1.   | Fill in your employment information  |                          | Debtor 1                             |              | Debtor 2 or non-filing spouse     |  |  |  |
|  | If you have more than one job, attach a separate page with information about additional employers.   | Employment status        | X Employed Not employed              |              | Employed  Not employed            |  |  |  |
|  | Include part-time, seasonal, or self-employed work.  | Occupation               | Warehouse Foreman                    |              |                                   |  |  |  |
|  | Occupation may Include student or homemaker, if it applies.  | Employers name           | Columbia Pipe &                      | Supply       |                                   |  |  |  |
|  |  | Employers address        | 1120 W Pershing<br>Chicago, IL 60609 |              | <u> </u>                          |  |  |  |
|  |  | How long employed there? |                                      |              |                                   |  |  |  |
| Pa   | How long employed there? Since 4/1/2018  Part 2: Give Details About Monthly Income   |                          |                                      |              |                                   |  |  |  |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. |  |                          |                                      |              |                                   |  |  |  |
|  |  |                          |                                      | For Debtor 1 | For Debtor 2 or non-filing spouse |  |  |  |
| 2.   | List monthly gross wages, salary and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. |                          |                                      | \$4,502.64   | \$0.00                            |  |  |  |
| 3.   | Estimate and list monthly overtime pay.  |                          |                                      | \$0.00       | \$0.00                            |  |  |  |
| 4.   | 4. Calculate gross income. Add line 2 + line 3.  |                          | \$4,502.64                           | \$0.00       |                                   |  |  |  |

 Official Form 106I
 Record # 763899
 Schedule I: Your Income
 Page 1 of 2

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Document R Eric Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name

|                |                        |   |                                   | For Debtor 1             |         | Debtor 2 or<br>filing spouse |           |  |
|----------------|------------------------|---|-----------------------------------|--------------------------|---------|------------------------------|-----------|--|
|                | Copy                   | y line 4 here   | 4.                                | \$4,502.64               |         | \$0.00                       |           |  |
| 5. <b>L</b>    |                        | payroll deductions:   |                                   |                          |         |                              |           |  |
|                |                        | ax, Medicare, and Social Security deductions  | 5a.<br>                           | \$902.20                 |         | \$0.00                       |           |  |
|                |                        | Mandatory contributions for retirement plans  | 5b.<br>—                          | \$0.00                   |         | \$0.00                       |           |  |
|                |                        | oluntary contributions for retirement plans   | 5c.<br>—                          | \$0.00                   |         | \$0.00                       |           |  |
|                |                        | Required repayments of retirement fund loans  | 5d.<br>                           | \$0.00                   |         | \$0.00                       |           |  |
|                |                        | nsurance  | 5e.                               | \$0.00                   |         | \$0.00                       |           |  |
|                |                        | Omestic support obligations   | 5f.<br>                           | \$0.00                   |         | \$0.00                       |           |  |
|                | -                      | Inion dues  | 5g.<br>—                          | \$57.98                  |         | \$0.00                       |           |  |
|                |                        | Other deductions. Specify:  | 5h.<br>—                          | \$0.00                   |         | \$0.00                       |           |  |
|                |                        | payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.  | 6.                                | \$960.18                 | _       | \$0.00                       |           |  |
|                |                        | te total monthly take-home pay. Subtract line 6 from line 4.  | 7.                                | \$3,542.46               |         | \$0.00                       |           |  |
| 8. <b>Li</b> : |                        | other income regularly received:  |                                   |                          |         |                              |           |  |
|                | 8a.                    | Net income from rental property and from operating a business,  |                                   |                          |         |                              |           |  |
|                |                        | profession, or farm   |                                   |                          |         |                              |           |  |
|                |                        | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total   |                                   |                          |         |                              |           |  |
|                |                        | monthly net income.   | 8a.                               | \$0.00                   |         | \$0.00                       |           |  |
|                | 8b.                    | Interest and dividends  | 8b.                               | \$0.00                   |         | \$0.00                       |           |  |
|                | 8c.                    | Family support payments that you, a non-filing spouse, or a   | 8c.                               | \$ 0.00                  |         | \$ 0.00                      |           |  |
|                |                        | dependent regularly receive   |                                   |                          |         |                              |           |  |
|                |                        | Include alimony, spousal support, child support, maintenance, divorce   |                                   |                          |         |                              |           |  |
|                |                        | settlement, and property settlement.  |                                   |                          |         |                              |           |  |
|                | 8d.                    | Unemployment compensation   | 8d.                               | \$0.00                   |         | \$0.00                       |           |  |
|                | 8e.                    | Social Security   | 8e.                               | \$0.00                   |         | \$0.00                       |           |  |
|                | 8f.                    | Other government assistance that you regularly receive  | 8f.                               | \$0.00                   |         | \$0.00                       |           |  |
|                |                        | Include cash assistance and the value (if known) of any non-cash  |                                   |                          |         |                              |           |  |
|                |                        | assistance that you receive, such as food stamps (benefits under the  |                                   |                          |         |                              |           |  |
|                |                        | Supplemental Nutrition Assistance Program) or housing subsidies.  |                                   |                          |         |                              |           |  |
|                | •                      | Specify:  |                                   |                          |         | •••                          |           |  |
|                | 8g.                    | Pension or retirement income  | 8g.<br>—                          | \$0.00                   |         | \$0.00                       |           |  |
|                | 8h.                    | Other monthly income. Specify:  | 8h.<br>—                          | \$0.00                   |         | \$0.00                       |           |  |
| 9.             | Add                    | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9                                 | \$0.00                   |         | \$0.00                       |           |  |
| 10.            | Calc                   | ulate monthly income. Add line 7 + line 9.  | 10.                               | \$3,542.46 +             |         | \$0.00                       | : Г       | \$3,542.46                                       |
|                | Add                    | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | <u> </u>                          | , , , , ,                |         | ¥3333                        |           | <del>+++++++++++++++++++++++++++++++++++++</del> |
| 11.            | Inclu<br>other<br>Do n | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, you friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are relative. | our dependent<br>not available to |                          |         |                              | 11.       | \$0.00   |
| 12.            |                        | the amount in the last column of line 10 to the amount in line 11. The res  |                                   | •                        | !!      |                              | _<br>12 [ | \$2 E40 40                                       |
| 10             |                        | e that amount on the Summary of Schedules and Statistical Summary of Co   |                                   | s and Related Data, if i | applies |                              | 12.       | \$3,542.46                                       |
| 13.            | x I                    | ou expect an increase or decrease within the year after you file this form<br>No.<br>Yes. Explain:  | 17                                |                          |         |                              |           |  |

Filed 04/05/18 Case 18-10022 Doc 1 Entered 04/05/18 15:41:37 Document Page 37 of 62 Fill in this information to identify your case: R Eric Kollman Check if this is: Debtor 1 Middle Name Last Name First Name An amended filing Debtor 2 A supplement showing post-petition chapter 13 (Spouse, if filing) First Name Middle Name Last Name income as of the following date: United States Bankruptcy Court for the : <u>NORTHERN DISTRICT OF ILLIN</u>OIS MM / DD / YYYY Case Number (If known) A separate filing for Debtor 2 because Debtor 2 Official Form 106J maintains a separate household. Schedule J: Your Expenses 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Your Household** 1. Is this a joint case? X No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Nο Yes. Debtor 2 must file a separate Schedule J. Do you have dependents? No Dependent's relationship to Does dependent live Dependent's Debtor 1 or Debtor 2 with you? age Do not list Debtor 1 and Yes. Fill out this information for No Debtor 2. each dependent..... Daughter 11 X Yes Do not state the dependents' names Nο Daughter 5 Х Yes Х No Yes Χ No Yes Х No Do your expenses include No expenses of people other than yourself and your dependents? Part 2: **Estimate Your Ongoing Monthly Expenses** Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value Your expenses

of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) The rental or home ownership expenses for your residence. Include first mortgage payments and \$1,300.00 any rent for the ground or lot. If not included in line 4: Real estate taxes \$0.00 4a. \$0.00 Property, homeowner's, or renter's insurance \$50.00 Home maintenance, repair, and upkeep expenses 4c. \$0.00

4d.

Homeowner's association or condominium dues

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Last Name

Case Number (if known) \_\_\_

R Eric Middle Name

Debtor 1

First Name

Your expenses \$0.00 5 Additional Mortgage payments for your residence, such as home equity loans 6. **Utilities:** \$100.00 6a. 6a. Electricity, heat, natural gas \$0.00 6b. Water, sewer, garbage collection \$200.00 Telephone, cell phone, internet, satellite, and cable service \$ 0.00 Other. Specify: 6d. \$400.00 7. 7. Food and housekeeping supplies \$625.00 8. 8. Childcare and children's education costs \$45.00 9. Clothing, laundry, and dry cleaning \$75.00 10. Personal care products and services 10. \$15.00 11. Medical and dental expenses 11. \$252.00 **Transportation.** Include gas, maintenance, bus or train fare. 12. Do not include car payments. \$20.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 14. Charitable contributions and religious donations 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. \$0.00 15a. 15a. Life insurance \$0.00 15b. Health insurance 15b. \$90.00 15c. Vehicle insurance 15c. \$0.00 15d. 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16 17. Installment or lease payments: \$325.00 17a. 17a. Car payments for Vehicle 1 \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. 17c. Other. Specify:\_ \$0.00 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as deducted \$0.00 from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$0.00 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. \$ 0.00 20b. Real estate taxes \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. 20d. Maintenance, repair, and upkeep expenses \$ 0.00 20e 20e. Homeowner's association or condominium dues

Official Form 106J Record # 763899 Schedule J: Your Expenses Page 2 of 3 Case 18-10022 Doc 1 Filed 04/05/18 Entered 04/05/18 15:41:37 Desc Main Document Page 39 of 62

Eric R Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name \$10.00 21. Other. Specify: \_\_\_Pet Care (\$10.00), 21. \$3,507.00 22.. Your monthly expense: Add lines 4 through 21. 22. The result is your monthly expenses. 23. Calculate your monthly net income. \$3,542.46 23a. 23a. Copy line 12 (your comibined monthly income) from Schedule I. \$3,507.00 23b. Copy your monthly expenses from line 22 above. 23b.-\$35.46 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Explain Here: Yes.

Official Form 106J Record # 763899 Schedule J: Your Expenses Page 3 of 3

| Fill in this information to identify your case: |            |                                     |                  |  |
|---|------------|-------------------------------------|------------------|--|
| Debtor 1  | Eric       | R                                   | Kollman          |  |
|   | First Name | Middle Name                         | Last Name        |  |
| Debtor 2  |            |                                     |                  |  |
| (Spouse, if filing)                             | First Name | Middle Name                         | Last Name        |  |
| United States Case Number                       |            | r the : <u>NORTHERN</u> District of | ILLINOIS (State) |  |
| (If known)                                      |            |                                     | <u> </u>         |  |

### Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |   |
|--|---|
| Did you pay or agree to pay someone who is NOT       | an attorney to help you fill out bankruptcy forms?  |
| No   |   |
| Yes. Name of Person                                  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|  |   |
|  |   |
| Under penalty of periury, I declare that I have read | d the summary and schedules filed with this declaration and that they are true and            |
| correct.   |   |
| ✗ /s/ Eric R Kollman                                 | ×   |
| Signature of Debtor 1                                | Signature of Debtor 2   |
| Date _04/05/2018                                     | Date  |
| MM / DD / YYYY                                       | MM / DD / YYYY  |
|  |   |

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| Fill in this in              | formation to ide   |  |                      |
|------------------------------|--------------------|--|----------------------|
| Debtor 1                     | Eric<br>First Name | R<br>Middle Name                       | Kollman<br>Last Name |
| Debtor 2 (Spouse, if filing) | First Name         | Middle Name                            | Last Name            |
|                              |                    | or the : <u>NORTHERN</u> District of _ |                      |
| Case Number<br>(If known)    | r                  |  | (State)              |

### Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case

| <b>Give Details About Your Marital State</b> hat is your current marital status? | tus and Where You Lived Before        |  |               |
|--|---------------------------------------|--|---------------|
| _  |                                       |  |               |
| Married  |                                       |  |               |
| Not married  |                                       |  |               |
| ring the last 3 years, have you lived any  | where other than where you live no    | w?                                     |               |
| No.  | ,                                     |  |               |
| Yes. List all of the places you lived in the                                     | last 3 years. Do not include where    | ou live now.                           |               |
|  |                                       |  |               |
| Debtor 1   | Dates Debtor 1 lived there            | Debtor 2:                              | Dates Debtor  |
|  | lived there                           | Same as Debtor 1                       | Same as Debte |
| 1809 Brockway Pond Ct  | FROM 10/2016                          |  | Same as Debi  |
| Joliet IL 60431-1614   | To 10/2016                            |  | <del></del>   |
|  |                                       |  |               |
|  |                                       |  |               |
|  |                                       | _                                      |               |
|  |                                       | Same as Debtor 1                       | Same as Debte |
| 1820 E Washington St   |                                       |  |               |
| Joliet IL 60433-1444   | To 12/2017                            |  |               |
|  |                                       |  |               |
|  |                                       |  |               |
| thin the last 8 years, did you ever live w                                       | ith a spouse or legal equivalent in a | community property state or territory? | (Community    |
| operty states and territories include Ariz<br>d Wisconsin.)                      | ona, California, Idaho, Louisiana, N  | evada, New Mexico, Puerto Rico, Texas, | Washington,   |
| No.  |                                       |  |               |
|  | Your Codebtors (Official Form 106H)   |  |               |
| 1 00: Make dare you ill out correduct is   |                                       |  |               |
| 1 roo. Make care you iii cat concade ii.   |                                       |  |               |
| Too. mano data joa iii dat dandada ii.   |                                       |  |               |
| 2: Explain the Sources of Your Income  |                                       |  |               |
|  |                                       |  |               |
|  |                                       |  |               |
|  |                                       |  |               |

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Debtor 1 Eric Kollman Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, \$13,508 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, \$54,769 Wages, commissions, For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2017) Operating a business Operating a business Wages, commissions, \$43,911 Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2016) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) \$2384 Unemployment For last calendar year: (January 1 to December 31, 2016) List Certain Payments You Made Before You Filed for Bankruptcy

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| Debtor ' | 1 Eric  | R   | Kollman               | _                        | Case Number (if known) _   |   |  |  |  |  |
|----------|---|---|-----------------------|--------------------------|----------------------------|---|--|--|--|--|
|          | First Name  | Middle Name   | Last Name             |                          |                            |   |  |  |  |  |
| 06 д     | are either Debtor   | 1's or Debtor 2's debts primarily cons                  | sumer debts?          |                          |                            |   |  |  |  |  |
| Г        | No Neither De   | ebtor 1 nor Debtor 2 has primarily cor                  | nsumer debts. Cor     | nsumer dehts are define  | ed in 11 U.S.C. & 101(8) a | 9                                       |  |  |  |  |
|          | _   | by an individual primarily for a personal               |                       |                          | a III 11 0.5.5. g 101(6) a | 3                                       |  |  |  |  |
|          |   | 90 days before you filed for bankrupto                  | -                     | • •                      | 5* or more?                |   |  |  |  |  |
|          | _   | o to line 7.  | ,, , <sub>p</sub> ,   |                          |                            |   |  |  |  |  |
|          | □ No. G   | o to line 7.  |                       |                          |                            |   |  |  |  |  |
|          | Yes. l  | ist below each creditor to whom you p                   | aid a total of \$6,42 | 25* or more in one or mo | re payments and the        |   |  |  |  |  |
|          |   | amount you paid that creditor. Do not in                |                       | • • • • • •              | •                          |   |  |  |  |  |
|          |   | support and alimony. Also, do not inclu                 |                       | -                        | · •                        |   |  |  |  |  |
|          | * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. |   |                       |                          |                            |   |  |  |  |  |
|          | Yes. Debtor 1   | or Debtor 2 or both have primarily co                   | onsumer debts.        |                          |                            |   |  |  |  |  |
|          | During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?              |   |                       |                          |                            |   |  |  |  |  |
|          | ☐ No. Go to line 7.   |   |                       |                          |                            |   |  |  |  |  |
|          | Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that          |   |                       |                          |                            |   |  |  |  |  |
|          | credit  | or. Do not include payments for domes                   | tic support obligati  | ons, such as child suppo | ort and                    |   |  |  |  |  |
|          | alimo   | ny. Also, do not include payments to ar                 | attorney for this b   | pankruptcy case.         |                            |   |  |  |  |  |
|          |   |   |                       |                          |                            |   |  |  |  |  |
|          |   |   | Dates of payments     | Total amount paid        | Amount you still           | owe Was this payment for                |  |  |  |  |
|          |   |   |                       |                          |                            |   |  |  |  |  |
|          | C   | redit Acceptance Po Box 513                             | Monthly               | \$ 981                   | \$ 6,027                   | Mortgage                                |  |  |  |  |
|          |   | outhfield MI 48037                                      | •                     |                          |                            | Car                                     |  |  |  |  |
|          | _ <u></u>   | Summing Wil 18887                                       |                       |                          |                            | Credit card                             |  |  |  |  |
|          | _   | <del>-</del>  |                       |                          |                            | Loan repayment                          |  |  |  |  |
|          | _   |   |                       |                          |                            | Suppliers or vendors                    |  |  |  |  |
|          |   |   |                       |                          |                            | Other                                   |  |  |  |  |
|          |   |   |                       |                          |                            |   |  |  |  |  |
|          |   |   |                       |                          |                            |   |  |  |  |  |
|          | _   |   |                       |                          |                            |   |  |  |  |  |
|          | _ <u>Al</u>   | BRI Credit Union  | Weekly                | \$2,000                  | \$2,000                    | Mortgage                                |  |  |  |  |
|          | _   |   | garnishment           |                          |                            | Car                                     |  |  |  |  |
|          | _   |   |                       |                          |                            | Credit card                             |  |  |  |  |
|          | _   |   |                       |                          |                            | ☐ Loan repayment ☐ Suppliers or vendors |  |  |  |  |
|          |   |   |                       |                          |                            | Other                                   |  |  |  |  |
|          |   |   |                       |                          |                            | Guiei                                   |  |  |  |  |
|          |   |   |                       |                          |                            |   |  |  |  |  |
|          |   |   |                       |                          |                            |   |  |  |  |  |
| 07 V     | Within 1 year hefor   | e you filed for bankruptcy, did you mak                 | e a navment on a      | deht vou owed anvone v   | who was an insider?        |   |  |  |  |  |
|          | •   | ur relatives; any general partners; relati              |                       |                          |                            | al partner;                             |  |  |  |  |
|          |   | ch you are an officer, director, person i               |                       |                          |                            |   |  |  |  |  |
|          | gent, including on<br>uch as child suppo  | e for a business you operate as a sole ort and alimony. | proprietor. 11 U.S.   | .C. § 101. Include paym  | ents for domestic suppor   | obligations,                            |  |  |  |  |
|          | _   | •   |                       |                          |                            |   |  |  |  |  |
|          | ■ No.<br>□ Yes. List all pay  | ments to an insider.                                    |                       |                          |                            |   |  |  |  |  |
|          | Tes. Elst all pay   | ments to an inside.                                     | Dates of payment      | Total amount paid        | Amount you still owe       | Reason for this payment                 |  |  |  |  |
|          |   |   | F=1v                  | P.W.                     |                            |   |  |  |  |  |
|          |   |   |                       |                          |                            |   |  |  |  |  |
|          |   |   |                       |                          |                            |   |  |  |  |  |

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| Debtor 1     | Fric   | R  | Kollman  | Case Number (if known  | )   |
|--------------|--|--|--|--|---|
|              | First Name   | Middle Name  | Last Name  |  |   |
| an           | insider?   | filed for bankruptcy, did yots guaranteed or cosigne |  | sfer any property on account of a debt tha   | t benefited                                     |
|              | No.  |  |  |  |   |
|              | Yes. List all payment  | s to an insider                                      |  |  |   |
| L            | Too. Liot all paymont  | o to arr moraor.                                     | Dates of To payment pa   | otal amount Amount you still owe   | Reason for this payment Include creditor's name |
|              |  |  |  |  |   |
| Part         |  | tions, Repossessions, an                             |  |  |   |
| Lis          | ithin 1 year before you<br>st all such matters, incl<br>odifications, and contra | uding personal injury cas                            | e you a party in any lawsuit, cou<br>es, small claims actions, divorce | rrt action, or administrative proceeding?<br>es, collection suits, paternity actions, supp | port or custody                                 |
| г            | No.  |  |  |  |   |
|              | Yes. Fill in the details   |  |  |  |   |
|              | res. Fill III the details  | <b>.</b>   | Natura of the case   | 0  | Otatus of the sees                              |
|              |  |  | Nature of the case   | Court or agency  | Status of the case                              |
|              | Abri Credit Union V  | S Eric Kollman                                       | Collection   | Will County  | Pending   |
|              | CASE NUMBER#1  | 3SC2263  |  |  | On appeal                                       |
|              |  |  |  |  | Concluded                                       |
|              |  |  |  |  |   |
|              |  |  |  |  |   |
|              | Capital One Bank L   | Jsa Na VS Eric                                       | Collection   | Dupage   | Pending   |
|              | Kollman  |  |  |  | On appeal                                       |
|              | CASE NUMBER#1  | 890547   |  |  | Concluded                                       |
|              | CASE NOMBER#10   | 330341   |  |  | Concluded                                       |
|              |  |  |  |  | <del></del>                                     |
|              |  |  |  |  |   |
|              |  | And Audit VS Eric                                    | Collection   | Dupage   | Pending   |
|              | Kollman  |  |  |  | On appeal                                       |
|              | CASE NUMBER#1  | 7SC4664  |  |  | Concluded                                       |
|              |  |  |  |  |   |
|              |  |  |  |  |   |
|              | Synchrony Bank V   | Eric Kollman   | Collection   | Will County  | Pending   |
|              | 17Sc4181   |  |  |  | On appeal                                       |
|              |  | _  |  |  | ☐ Concluded                                     |
|              |  |  |  |  |   |
|              |  |  |  |  |   |
|              |  | filed for bankruptcy, was fill in the details below. | any of your property repossess   | sed, foreclosed, garnished, attached, seize  | ed, or levied?                                  |
|              | No. Go to line 11  |  |  |  |   |
| _            | Yes. Fill in the inform  | ation below  |  |  |   |
| _            | <b>,</b> 1 00.1  | u  |  |  |   |
|              |  | ou filed for bankruptcy,<br>ment because you owed    |  | ank or financial institution, set off any a  | mounts from your accounts                       |
|              | No. Go to line 11  |  |  |  |   |
|              | Yes. Fill in the inform  | ation below.   |  |  |   |
| 12 <b>Wi</b> | -<br>thin 1 year before yοι  | ı filed for bankruptcy, w                            | as any of your property in the   | possession of an assignee for the benef  | fit of creditors, a                             |
| со           | urt-appointed receive  | r, a custodian, or anothe                            | er official?   |  |   |
|              | No.  |  |  |  |   |
|              | Yes.   |  |  |  |   |
|              | ljet Cartain Giff  | s and Contributions                                  |  |  |   |
| Part<br>13 W |  |  | did you give any gifts with - t-                                       | ital value of more than \$500 non non  |   |
| _            |  | о ппеч тог рапкгиртсу, (                             | uiu you give ariy girts with a to                                      | tal value of more than \$600 per person?   |   |
|              | No.  |  |  |  |   |
|              | Yes. Fill in the details   | for each gift.                                       |  |  |   |
|              |  |  |  |  |   |

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| Debto | or 1      | EIIC                              | Κ                      | Kollitati                           | Case Number (If Ki             | iown)                 |                   |
|-------|-----------|-----------------------------------|------------------------|-------------------------------------|--------------------------------|-----------------------|-------------------|
|       |           | First Name                        | Middle Name            | Last Name                           |                                |                       |                   |
| 14    | With      | hin 2 years before you filed fo   | or bankruptcy, did ve  | ou give any gifts or contributions  | with a total value of more th  | an \$600 to any ch    | arity?            |
|       |           | , ,                               |                        | g , g                               |                                | , ,                   | <b>-</b>          |
|       |           | No.                               |                        |                                     |                                |                       |                   |
|       | $\Box$    | Yes. Fill in the details for each | n aift.                |                                     |                                |                       |                   |
|       | ш         |                                   | · 3···                 |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
| P     | art 6:    | List Certain Losses               |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
| 15    | With      | hin 1 year before you filed fo    | r bankruptcy or since  | e you filed for bankruptcy, did yo  | u lose anything because of t   | heft, fire, other dis | saster, or        |
|       | gam       | nbling?                           |                        |                                     |                                |                       |                   |
|       | _         |                                   |                        |                                     |                                |                       |                   |
|       |           | No.                               |                        |                                     |                                |                       |                   |
|       | $\Box$    | Yes. Fill in the details for each | n gift.                |                                     |                                |                       |                   |
|       | _         |                                   |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
| P     | art 7     | List Certain Payments or          | Transfers              |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
| 16    | With      | hin 1 year before you filed fo    | r bankruptcy, did yo   | u or anyone else acting on your l   | ehalf pay or transfer any pro  | perty to anyone y     | ou                |
|       | con       | sulted about seeking bankru       | iptcy or preparing a l | bankruptcy petition?                |                                |                       |                   |
|       | Incl      | ude any attorneys, bankrupte      | cy petition preparers  | s, or credit counseling agencies f  | or services required in your   | bankruptcy.           |                   |
|       | _         |                                   |                        |                                     |                                |                       |                   |
|       | $\square$ | No.                               |                        |                                     |                                |                       |                   |
|       | •         | Yes. Fill in the details          |                        |                                     |                                |                       |                   |
|       | _         |                                   |                        |                                     |                                |                       |                   |
|       |           | Party Contact Info                |                        | Description and value of any pr     | anarty transformed             | Date payment          | Amount of payment |
|       | ľ         | Party Contact into                |                        | Description and value of any pr     | operty transferred             | or transfer           | Amount of payment |
|       |           |                                   |                        |                                     |                                | oi tialisiei          |                   |
|       |           | Geraci Law L.L.C.                 |                        |                                     |                                |                       | \$900.00          |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       |           | 55 E. Monroe Street #3400         |                        |                                     |                                |                       |                   |
|       |           | Chicago,IL 60603                  |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       | F         | Party Contact Info                |                        | Description and value of any pr     | operty transferred             | Date payment          | Amount of payment |
|       |           | _                                 |                        |                                     |                                | or transfer           |                   |
|       |           |                                   |                        | Cradit Counceling Convince          |                                |                       |                   |
|       |           | Hananwill Credit Counseling       | <u></u>                | Credit Counseling Services          |                                | 2018                  | \$25.00           |
|       |           | 115 N. Cross St.                  |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       |           | Robinson, IL 62454                |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
| 17    | 187:41    | h: 4                              |                        |                                     |                                |                       |                   |
| 17    |           |                                   |                        | u or anyone else acting on your l   |                                | perty to anyone w     | vno               |
|       | -         |                                   |                        | nake payments to your creditors     | •                              |                       |                   |
|       | ו סע      | not include any payment or t      | ranster that you liste | ed on line 16.                      |                                |                       |                   |
|       |           | No.                               |                        |                                     |                                |                       |                   |
|       | _         |                                   |                        |                                     |                                |                       |                   |
|       | Ш         | Yes. Fill in the details.         |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
| 18    | With      | hin 2 years before you filed fo   | or bankruptcy, did ye  | ou sell, trade, or otherwise transf | er any property to anyone, o   | ther than property    | ,                 |
|       |           | sferred in the ordinary cours     |                        |                                     |                                |                       |                   |
|       |           | =                                 | -                      | s security (such as the granting    | of a security interest or mort | gage on your prop     | erty).            |
|       |           | not include gifts and transfer    |                        |                                     | •                              |                       |                   |
|       | _         | _                                 | -                      | -                                   |                                |                       |                   |
|       |           | No.                               |                        |                                     |                                |                       |                   |
|       | $\Box$    | Yes. Fill in the details for each | n gift.                |                                     |                                |                       |                   |
|       | ш         |                                   | J =                    |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |
|       |           |                                   |                        |                                     |                                |                       |                   |

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| Debto | r 1           | Eric                            | R  | Kollman  | Case I                       | Number (if known)                      | <del></del>           |  |
|-------|---------------|---------------------------------|--|--|------------------------------|--|-----------------------|--|
|       |               | First Name                      | Middle Name  | Last Name  |                              |  |                       |  |
|       |               | -                               | fore you filed for bankrup<br>se are often called asset-p      | tcy, did you transfer any property rotection devices.)   | to a self-settled trust or s | similar device of which                | ı you are a           |  |
|       | No.           |                                 |  |  |                              |  |                       |  |
|       | <u>□</u>      | es. Fill in the o               | details for each gift.   |  |                              |  |                       |  |
| Pa    | art 8:        | List Certai                     | n Financial Accounts, Instru                                   | uments, Safe Deposit Boxes, and Sto  | rage Units                   |  |                       |  |
| 20    | With          | in 1 vear befo                  | re vou filed for bankruptcy                                    | y, were any financial accounts or i  | nstruments held in your      | name, or for your bene                 | efit. closed.         |  |
|       | sold<br>Inclu | , moved, or tra                 | ansferred?<br>savings, money market, o                         | r other financial accounts; certific<br>iations, and other financial institu                                       | ates of deposit; shares in   | -                                      |                       |  |
|       | =             | No.                             | deteile  |  |                              |  |                       |  |
|       | ' Ц           | es. Fill in the o               | details.   | Last 4 digits of account number  | Type of account or           | Date account was                       | Last balance before   |  |
|       |               |                                 |  | Luci 4 digito oi decodin number  | instrument                   | closed, sold, moved,<br>or transferred | closing or transfer   |  |
|       | -             | ou now have,<br>, or other valu | -  | rear before you filed for bankruptc  | y, any safe deposit box o    | or other depository for                | securities,           |  |
|       | _             | No.                             |  |  |                              |  |                       |  |
|       | □ \           | es. Fill in the                 | details.   |  |                              |  |                       |  |
|       |               |                                 |  | Who else had access to it?   | Describe the conte           | nts                                    | Do you still have it? |  |
| 22    | Have          | you stored p                    | roperty in a storage unit o                                    | or place other than your home with   | in 1 year before you filed   | for bankruptcy?                        |                       |  |
|       | 1             | No.                             |  |  |                              |  |                       |  |
|       |               | es. Fill in the                 | details.   |  |                              |  |                       |  |
|       |               |                                 |  | Who else has or had access to it?  | Describe the conte           | nts                                    | Do you still have it? |  |
|       |               |                                 |  |  |                              |  | nave it?              |  |
| Pa    | art 9:        | Identity Pr                     | operty You Hold or Control                                     | for Someone Eise   |                              |  |                       |  |
|       | for s         | omeone.                         | ntrol any property that sor                                    | neone else owns? Include any pro   | perty you borrowed from      | n, are storing for, or ho              | old in trust          |  |
|       | =             | No.<br>∕es. Fill in the เ       | details  |  |                              |  |                       |  |
|       | ш             | 103. 1 111 111 1110 1           | actans.  | Where is the property?   | Describe the prope           | erty                                   | Value                 |  |
|       |               |                                 |  |  |                              |  |                       |  |
| Pa    | rt 10:        | Give Detai                      | ls About Environmental Info                                    | rmation  |                              |  |                       |  |
| For   | the p         | ourpose of Par                  | t 10, the following definition                                 | ons apply:   |                              |  |                       |  |
| 1     | hazaı         | dous or toxic                   | substances, wastes, or m                                       | or local statute or regulation conc<br>aterial into the air, land, soil, surfa<br>the cleanup of these substances, | nce water, groundwater, c    | •                                      |                       |  |
|       |               | -                               | ation, facility, or property<br>operate, or utilize it, includ | as defined under any environmen<br>ing disposal sites.   | tal law, whether you now     | own, operate, or utiliz                | е                     |  |
|       |               |                                 |  | onmental law defines as a hazardo<br>ntaminant, or similar term.   | ous waste, hazardous sul     | bstance, toxic                         |                       |  |
| Rep   | ort a         | II notices, rele                | ases, and proceedings tha                                      | at you know about, regardless of v   | when they occurred.          |  |                       |  |
| 24    | Has           | any governme                    | ental unit notified you that                                   | you may be liable or potentially li  | able under or in violation   | of an environmental la                 | aw?                   |  |
|       | 1             | No.                             |  |  |                              |  |                       |  |
|       |               | es. Fill in the                 | details.   |  |                              |  |                       |  |
|       | _             |                                 |  | Governmental unit  | Environmental law            | , if you know it                       | Date of notice        |  |
|       |               |                                 |  |  |                              |  |                       |  |
|       |               |                                 |  |  |                              |  |                       |  |
|       |               |                                 |  |  |                              |  |                       |  |

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 Debtor 1
 Eric
 R
 Kollman
 Case Number (if known)

 First Name
 Middle Name
 Last Name

| 25  | Have you notified any governmental unit  | of any release of hazardous material?            |   |                    |  |  |  |  |
|-----|--|--|---|--------------------|--|--|--|--|
|     | No.  |  |   |                    |  |  |  |  |
|     | Yes. Fill in the details.  |  |   |                    |  |  |  |  |
|     | _  | Governmental unit                                | Environmental law, if you know it         | Date of notice     |  |  |  |  |
| 26  | Have you been a party in any judicial or a   | administrative proceeding under any enviro       | nmental law? Include settlements and o    | rdare              |  |  |  |  |
|     | _  | administrative proceeding under any enviro       | inicital law i molade settlements and o   | 14013.             |  |  |  |  |
|     | No.  |  |   |                    |  |  |  |  |
|     | Yes. Fill in the details.  | Court or agency                                  | Nature of the case                        | Status of the case |  |  |  |  |
|     |  | Court or agency                                  | Nature of the case                        | Status of the case |  |  |  |  |
| Pa  | Give Details About Your Business   | or Connections to Any Business                   |   |                    |  |  |  |  |
| 27  | Within 4 years before you filed for bankru   | uptcy, did you own a business or have any        | of the following connections to any busi  | ness?              |  |  |  |  |
|     | A sole proprietor or self-employed   | d in a trade, profession, or other activity, eit | her full-time or part-time                |                    |  |  |  |  |
|     | A member of a limited liability con  | npany (LLC) or limited liability partnership     | LLP)                                      |                    |  |  |  |  |
|     | A partner in a partnership   |  |   |                    |  |  |  |  |
|     | ☐An officer, director, or managing e   | executive of a corporation                       |   |                    |  |  |  |  |
|     | An owner of at least 5% of the vot   | ing or equity securities of a corporation        |   |                    |  |  |  |  |
|     | No New of the character of the   | B-rt 40  |   |                    |  |  |  |  |
|     | No. None of the above applies. Go to I  Yes. Check all that apply above and fill     |  |   |                    |  |  |  |  |
|     | Tes. Check all that apply above and fill   | in the details below for each business.          |   |                    |  |  |  |  |
| 28  | Within 2 years before you filed for bankru   | uptcy, did you give a financial statement to     | anyone about your business? Include al    | l financial        |  |  |  |  |
|     | institutions, creditors, or other parties.   |  |   |                    |  |  |  |  |
|     | No.  |  |   |                    |  |  |  |  |
|     | Yes. Fill in the details.  |  |   |                    |  |  |  |  |
|     |  | Date issued                                      |   |                    |  |  |  |  |
| Pa  | rt 12: Sign Below  |  |   |                    |  |  |  |  |
| - 1 | have read the answers on this Statement  | of Financial Affairs and any attachments, a      | nd I declare under penalty of periury tha | t the              |  |  |  |  |
| a   | answers are true and correct. I understand   | that making a false statement, concealing        | property, or obtaining money or propert   |                    |  |  |  |  |
|     | n connection with a bankruptcy case can i<br>18 U.S.C. §§ 152, 1341, 1519, and 3571. | result in fines up to \$250,000, or imprisonm    | ent for up to 20 years, or both.          |                    |  |  |  |  |
|     | 10 0.0.0. 33 102, 1041, 1010, and 0071.  |  |   |                    |  |  |  |  |
|     |  |  |   |                    |  |  |  |  |
|     | /s/ Eric R Kollman   | <b>×</b>   |   |                    |  |  |  |  |
|     | Signature of Debtor 1  | Signature of De                                  | ebtor 2                                   |                    |  |  |  |  |
|     |  |  |   |                    |  |  |  |  |
|     | Date 04/05/2018 MM / DD / YYYY   | Date   | D / YYYY                                  |                    |  |  |  |  |
|     | WWW 7 BB 7 TTT   | IVIIVI / L                                       | D / 1111                                  |                    |  |  |  |  |
|     | Did you attach additional pages to <i>Your St</i>                                    | tatement of Financial Affairs for Individuals    | Filing for Bankruptcv (Official Form 107  | 7)?                |  |  |  |  |
|     |  |  | ,g  | , .                |  |  |  |  |
|     | No   |  |   |                    |  |  |  |  |
|     | Yes  |  |   |                    |  |  |  |  |
|     | Did you pay or agree to pay someone who  | is not an attorney to help you fill out bankr    | uptcy forms?                              |                    |  |  |  |  |
|     | No   |  |   |                    |  |  |  |  |
|     | <del>-</del>   |  | Attach the Bankruptcy Petition Prepared   | r's Notice         |  |  |  |  |
|     |  |  | Declaration, and Signature                |                    |  |  |  |  |
|     |  |  |   |                    |  |  |  |  |

| Fill in this i   | Caso 19   |   |  | ed 04/05/18 15:41:3<br>8 of 62   | 7 Desc Main   |
|--|---|---|--|----------------------------------|---|
|  |   | _   |  | , o. <b>0</b> 2                  |   |
| Debtor 1   | Eric  | Middle Name   | Kollman                                  |                                  |   |
| Debtor 2   | First Name  | Middle Name   | Last Name                                |                                  |   |
| (Spouse, if filing)  | First Name  | Middle Name   | Last Name                                |                                  |   |
| United State   | es Bankruntev Court fo  | or the : <u>NORTHERN</u> District of <u>IL</u>  | LINOIS                                   |                                  |   |
|  |   | of the . NORTHERN District of <u>le</u>   | (State)                                  |                                  | Check if this is an                                 |
| Case Numb  | er  |   |  |                                  | amended filing                                      |
| Official F   | orm 108   |   |  |                                  |   |
| Stateme  | ent of Inter  | ntion for Individual  | s Filing Under Chap                      | ter 7                            | 12/   |
| creditors ha you have leadyou must file whichever is early two married Both debtors is eas complete. | ave claims secured<br>ased personal pro<br>this form with the<br>earlier, unless the<br>people are filing t<br>must sign and date<br>te and accurate as<br>me and case numb | court extends the time for cause. ogether in a joint case, both are of the form. possible. If more space is neede |  | creditors and lessors you list.  |   |
|  | editors that you lis  | sted in Part 1 of Schedule D: Cre   | ditors Who Have Claims Secured b         | ov Property (Official Form 106D) | ), fill in the                                      |
| informatio   | =   | nou in ruit roi concuule di cic   | ancio vino navo ciamo cecarca s          | y rroporty (emolar rom 1002)     | ,, a  |
| Identify the   | e creditor and the  | property that is collateral   | What do you intend to do secures a debt? | with the property that           | Did you claim the property as exempt on Schedule C? |
| Creditor'  | S   |   | ☐ Surrender the pi                       | roperty                          | □ No  |
| name:  | Credit Ad   | cceptance   | Retain the prope                         | erty and redeem it               | ■ Yes   |
| Descripti  | ion of 2003 Doo   | dge Ram with over 185,000 miles   | Retain the prope                         | erty and enter into a            | 103   |
| property   |   |   | Reaffirmation Ag                         | greement.                        |   |
| securing   |   |   | Retain the prope                         | erty and [explain]:              | _   |
|  |   |   |  |                                  |   |
| Creditor's   | s   |   | Surrender the pi                         | roperty                          | ∏ No  |
| name:  |   |   | <u>=</u>                                 | erty and redeem it               | <u> </u>  |
| D titi   |   |   |  | erty and enter into a            | Yes   |
| Descripti<br>property  |   |   | Reaffirmation A                          | •                                |   |
| securing   |   |   |  | erty and [explain]:              |   |
| 3  |   |   |  |                                  | _   |
| One dite al  |   |   | Commandan tha na                         |                                  |   |
| Creditor's name:   | S   |   | Surrender the property                   | • •                              | □ No  |
|  |   |   |  | erty and redeem it               | ☐ Yes   |
| Descripti  |   |   | <del>-</del>                             | erty and enter into a            |   |
| property   |   |   | Reaffirmation Ag                         | =                                |   |
| securing   | debt.   |   | ☐ Retail tile prope                      | erty and [explain]:              | -   |
|  |   |   |  |                                  |   |
| Creditor'  | S   |   | Surrender the p                          | •                                | ☐ No  |
| name:  |   |   | <u>=</u>                                 | erty and redeem it               | Yes   |
| Descript   |   |   | <del>-</del>                             | erty and enter into a            |   |
| property   |   |   | Reaffirmation A                          | =                                |   |
| securing   | debt:   |   | ☐ Retain the prope                       | erty and [explain]:              | _   |

Case 18-10022 Eric

First Name

| List | Your | Unexpired | Personal | <b>Property</b> | Leases |
|------|------|-----------|----------|-----------------|--------|
|      |      |           |          |                 |        |

| Part 2: List Your Unexpired Personal Property Leases   |                            |  |  |  |  |
|--|----------------------------|--|--|--|--|
| For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |                            |  |  |  |  |
| Describe your unexpired personal property leases   | Will the lease be assumed? |  |  |  |  |
| Lessor's name:   | □ No                       |  |  |  |  |
| Description of leased property:  | Yes                        |  |  |  |  |
| Lessor's name:   | □ No                       |  |  |  |  |
| Description of leased property:  | Yes                        |  |  |  |  |
| Lessor's name:   | □No                        |  |  |  |  |
| Description of leased property:  | Yes                        |  |  |  |  |
| Lessor's name:   | □No                        |  |  |  |  |
| Description of leased property:  | □Yes                       |  |  |  |  |
| Lessor's name:   | □No                        |  |  |  |  |
| Description of leased property:  | □Yes                       |  |  |  |  |
| Lessor's name:   | □No                        |  |  |  |  |
| Description of leased property:  | ☐Yes                       |  |  |  |  |
| Lessor's name:   | □ No                       |  |  |  |  |
| Description of leased property:  | Yes                        |  |  |  |  |
| Part 3: Sign Below   |                            |  |  |  |  |
| Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.  |                            |  |  |  |  |
| 🗶 /s/ Eric R Kollman   |                            |  |  |  |  |
| Signature of Debtor 1 Signature of Debtor 2  |                            |  |  |  |  |
| Date Dated: 04/05/2018   |                            |  |  |  |  |

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In  | re   |   |                       |
|-----|--|---|-----------------------|
| Eri | ic R Kollman / Debtor  | Case No:  |                       |
|     |  | Chapter: Ch   | apter 7               |
|     | DISCLOSUF  | RE OF COMPENSATION OF ATTORNEY FOR DEBTOR   | ₹                     |
|     | mpensation paid to me within one year before th  | cr. P. 2016(b), I certify that I am the attorney for the above name filing of the petition in bankruptcy, or agreed to be paid to next in contemplation of or in connection with the bankruptcy can | ne, for services      |
|     | For legal services, I have agreed to accept  | \$900.00  |                       |
|     | Prior to the filing of this statement I have rec   | eived \$900.00  |                       |
|     | Balance Due  | \$0.00  |                       |
| 2.  | The source of the compensation paid to me w  | ras:  |                       |
|     | Debtor(s) Other: (specify)   |   |                       |
| 3.  | The source of compensation to be paid to me  | is:   |                       |
|     | Debtor(s) Other: (specify)   |   |                       |
| 4.  |  | closed compensation with any other person unless they are me  | mbers and associates  |
|     |  | ed compensation with a other person or persons who are not m<br>nt, together with a list of the names of the people sharing in the  |                       |
| 5.  | In return for the above-disclosed fee, I have a case, including:                             | greed to render legal service for all aspects of the bankruptcy   |                       |
|     | •  | on, and rendering advice to the debtor in determining whether   | to file a petition in |
|     | <ul><li>bankruptcy;</li><li>b. Preparation and filing of any petition, sel</li></ul>         | hedules, statements of affairs and plan which may be required:  | ;                     |
| 6.  | By agreement with the debtor(s), the above-di<br>Fee does NOT include any work done post-fil | isclosed fee does not include the following service:  |                       |
|     |  | CERTIFICATION a complete statement of any agreement or arrangement for  |                       |
|     | payment to me for representation   | of the debtor(s) in this bankruptcy proceedings.  |                       |
|     | Date: 04/05/2018   | /s/ Kristin T Schindler   |                       |
|     | Date   | Signature of Attorney   |                       |
|     |  | Geraci Law L.L.C.   |                       |

Page 1 of 1 Record # 763899

Name of law firm

Case 18-10022 Geraci Lawell b. C. 5 Migois Indiana Wissons in 5:41:37 Desc Mair Headquarters: 55 E. Monroe Street, #3400 Chicago Hacons 866 2850 DT OF BENT CORNER WWW.INFOTAPES.COM Desc Main

Date: 4/4/2018

Consultation Attorney: SHN Record #: 763-899 Retainer Agreement Chapter 7 - Pre-filing

| Services before filing in Court: I retain Geraci Law L.L.C. to prepare to file a Chapter 7 bankruptcy petition in court. I agree to pay, by  |
|--|
| debit only, a flat fee for services <b>before</b> filing in court of \$ <u>900.00</u> at \$ {} today,  |
| \$ {} per {} starting {} and \${} I will obtain from   |
| {} within 60 days of today. Bankruptcy is time-sensitivel may pay more than this amount to pre-pay   |
| post-filing services. After filing in court, any balance on the pre-filing fee is discharged. We will start preparing your documents as soon as  |
| you sign this contract. Work before signing is no charge. Work or Costs advanced AFTER filing in Court is not included in the pre-filing   |
| amount, unless you pay us for it in advance:   |
| After we file your Chapter 7 bankruptcy in Court, we will advance your Court Cost of \$335. Your flat fee for services after case filing is  |
| \$ 1,100.00 . We will present you with an agreement to repay the \$335 we will advance after filing, and for our services after filing   |
| through Discharge or case closing without discharge, (at which time our representation of you ceases) totalling \$1,435.00 Whether or  |
| not you sign a post-filing agreement is entirely voluntary: you are not required to retain Geraci Law for post-bankruptcy services. We will not  |
| withdraw for non-payment if you decide not to sign a post-filing agreement, reimburse the \$335 we paid for you, or fees. We will attend your  |
| meeting of creditors and perform ministerial tasks, but you may have to retain someone else for anything not included in the post-filing fee   |
| (read next paragraph for what is included)   |
| The flat fee for pre-filing work nave for consultation offer hiring us /hefers retaining us is free) assessed a solition of the second state of th |
| The flat fee for pre-filing work pays for: consultation after hiring us, (before retaining us is free) preparation petition, phone calls, emails, web messages; processing and reviewing documents that we requested from you including faxes, email attachments, web uploads and mail; office appointment to review   |
| and sign your petition; filing your case in court. Excluded: appearance in any court or proceeding; taking calls from your creditors or bill collectors. If you  |
| decide to pre-pay, or pay for ALL services before and after we file your case in court, all work until case closing is included except: missed section   |
| 341 meetings; amendments to schedules; adversary proceedings; any motions including to reopen, avoid judgment liens, for enlargement of time; any  |
| contested matter including but not limited to objections to exemptions, motions to dismiss; attending rule 2004 examinations; reviewing documents that we  |
| did not specifically request from you; appearance other than bankruptcy court. With "flat fee", rather than hourly, you know in advance your entire cost   |
| unless additional work is required and it usually is cheaper, but you may choose to pay for our services billed hourly at \$75 -\$450/hour, and pay in advance   |
| a security retaier, which may cost you more, or less than a flat fee. Advance Payment Retainer. Payments on flat fee or hourly become our property on payment and are deposited into our operating account, not into a client trust account. We will only refund unearned fees You may enter into a security   |
| retainer agreement with another law firm: we will not because you may lose funds held in our trust account which may be assets in a Chapter 7.   |
| o additional may be desired in a chapter in  |
| Termination. If you decide not to proceed, delay, fail to respond, fail to pay my attorneys or provide all information & sign my petition  |
| according to this schedule, I agree that Geraci Law may discontinue work and charge me for the work done to date at hourly rates shown   |
| above. We will only refund fees not earned. Wisconsin: We will submit any unresolved dispute about the fee to binding arbitration within 30 days of  |
| receiving written notice of the dispute. You may file a claim with the Wisconsin Lawyers' Fund for Client Protection if the we fail to provide a refund of   |
| unearned advanced fees. If you dispute the amount of the fee and want that dispute to be submitted to binding arbitration, you must provide written notice   |
| of the dispute to Geraci Law within 30 days of the mailing of the accounting. If we are unable to resolve the dispute to the satisfaction of you within 30 days after notice of the dispute from the client, we shall submit the dispute to binding arbitration.   |
| Time matters: You agree: to fully cooperate with us and provide all information required; use Client Corner and not to cause excessive work; that  |
| more than one attorney or staff will work on your file there is no extra charge for the entire Geraci Law Team, unlike single attorney "law firms". Change in  |
| circumstances: This flat fee is based on the facts you told us. If that changes, your fee may change. Exemption laws only protect a limited amount of  |
| property. File Chapter 13 if you have property not claimed as exempt, or risk turn over "non-exempt" property to a Trustee. No guarantee of Discharge:   |
| Creditors or others may object to a chapter 7 discharge of certain debts or to any discharge, for a variety of reasons. Debts not discharged: student  |
| loans; educational debts and tuition; most tax debts; undisclosed debts; maintenance or support; fines; fraud, stealing or intentional injury claims, debts  |
| after filing including HOA dues; other debts listed in your info folder as usually not discharged. <b>No discharge if you don't take the 2nd educational</b>   |
| course. I will not transfer or acquire any property or incur any credit or debt before filing, and I must make full disclosure of all income, expenses, debts and assets on my bankruptcy petition as of the date I sign it. I AGREE TO READ EVERY PAGE AND EVERY LINE OF MY PETITION BEFORE I SIGN IT   |
| AND TO MAKE SURE THAT IT IS COMPLETE AND CORRECT.  |
|  |
|  |
| ate: 4, 4, 18 x 4, 18  |
| / Eric Kollman (Debtor) (Joint Debtor)   |
|  |
| Attorney for the Debtor(s), Representing Geraci Law L.L.C. rev 171110  |

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Eric R Kollman / Debtor

Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 04/05/2018 /s/ Eric R Kollman

Eric R Kollman

X Date & Sign

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<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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Desc Main

B 201A (Form 201A) (11/11)

Document In re Eric R Kollman / Debtor

### UNITED STATES BANKRUPTCY COURT

### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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\_\_\_\_ Document Page 54 of 62

Form B 201A, Notice to Consumer Debtor(s)

In re Eric R Kollman / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### **Chapter 11:** Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 04/05/2018 | /s/ Eric R Kollman            |  |  |
|-------------------|-------------------------------|--|--|
|                   | Eric R Kollman                |  |  |
| Dated: 04/05/2018 | /s/ Kristin T Schindler       |  |  |
|                   | Attorney: Kristin T Schindler |  |  |

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| Debtor  | 1 Eric                                 | R Kollma  | an Case Number (  | (if known)  |  |  |  |  |  |
|---|--|---|---|---|--|--|--|--|--|
|   | First Name                             | Middle Name Last Name   |   |   |  |  |  |  |  |
| David   | C                                      | 6 D   |   |   |  |  |  |  |  |
| Part  | Answer These Question                  | ns for Reporting Purposes   |   |   |  |  |  |  |  |
|   | What kind of debts do<br>you have?     | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.                     |   |   |  |  |  |  |  |
| ***************************************   |  | money for a business or inv   | y business debts? Business debts are deb estment or through the operation of the busing                       | · · · · · ·   |  |  |  |  |  |
|   |  | Yes. Go to line 17.   | owe that are not consumer debts or business   | debts   |  |  |  |  |  |
|   |  |   | owe that are not consumer debts of business   | uebis.  |  |  |  |  |  |
| ŧ   | Are you filing under<br>Chapter 7?     | No. I am not filing under C   | ☐ No. I am not filing under Chapter 7. Go to line 18.   |   |  |  |  |  |  |
| ŧ.  | Do you estimate that after             | Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  |   |   |  |  |  |  |  |
| }   | any exempt property is<br>excluded and | No.   |   |   |  |  |  |  |  |
| }   | administrative expenses                |   |   |   |  |  |  |  |  |
|   | are paid that funds will be            | ∐Yes.   | Yes.  |   |  |  |  |  |  |
| 1   | available for distribution             |   |   |   |  |  |  |  |  |
| 1   | to unsecured creditors?                |   |   |   |  |  |  |  |  |
| 18. l   | How many creditors do                  | <b>1</b> -49  | <b>1</b> ,000-5,000   | <b>25,001-50,000</b>  |  |  |  |  |  |
| •   | you estimate that you                  | <u> </u>  | 5,001-10,000  | <b>50,001-100,000</b>   |  |  |  |  |  |
|   | owe?                                   | ☐ 100-199<br>☐ 200-999  | ☐ 10,001-25,000   | ☐ More than 100,000   |  |  |  |  |  |
| 19.   | How much do you                        | \$0-\$50,000  | □ \$1,000,001-\$10 million  | □\$500,000,001-\$1 billion                                    |  |  |  |  |  |
| 1   | estimate your assets to                | \$50,001-\$100,000  | \$10,000,001-\$50 million   | \$1,000,000,001-\$10 billion                                  |  |  |  |  |  |
| ì   | be worth?                              | ☐ \$100,001-\$500,000   | ☐ \$50,000,001-\$100 million  | \$10,000,000,001-\$50 billion                                 |  |  |  |  |  |
|   |  | ☐ \$500,001-\$1 million   | ☐ \$100,000,001-\$500 million   | ☐More than \$50 billion                                       |  |  |  |  |  |
| 20. l   | How much do you                        | \$0-\$50,000  | ☐ \$1,000,001-\$10 million  | ☐\$500,000,001-\$1 billion                                    |  |  |  |  |  |
| 3   | estimate your liabilities              | <b>\$50,001-\$100,000</b>   | \$10,000,001-\$50 million   | \$1,000,000,001-\$10 billion                                  |  |  |  |  |  |
| 1   | to be?                                 | <b>\$100,001-\$500,000</b>  | ■ \$50,000,001-\$100 million  | □ \$10,000,000,001-\$50 billion                               |  |  |  |  |  |
| ,   |  | ☐ \$500,001-\$1 million   | ☐ \$100,000,001-\$500 million   | ☐ More than \$50 billion                                      |  |  |  |  |  |
| Part  | 7: Sign Below                          |   |   |   |  |  |  |  |  |
| For y   | ou                                     | I have examined this petition, and correct.   | I I declare under penalty of perjury that the inf   | formation provided is true and                                |  |  |  |  |  |
| ***************************************   |  | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |   |   |  |  |  |  |  |
| If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me f this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).   |  |   |   |   |  |  |  |  |  |
| I request relief in accordance with the chapter of title 11, United States Code, spe  |  |   |   | · •   |  |  |  |  |  |
| OCCUPATION OF THE PROPERTY OF |  | I understand making a false state<br>with a bankruptcy case can result<br>18 U.S.C. §§ 152-1341, 1519, ar   | ment, concealing property, or obtaining mone<br>in fines up to \$250,000, or imprisonment for old<br>id 3571. | y or property by fraud in connection up to 20 years, or both. |  |  |  |  |  |
| /   |  | Signature/of Depotor 1  | <b>X</b>  | ature of Debtor 2   |  |  |  |  |  |
|   |  | 5/17  | Cigii   | -·  |  |  |  |  |  |
| ***************************************   |  | Executed on <u>: ① 4 / 0</u><br>MM / DD   |   | cuted on  |  |  |  |  |  |
| ž   |  | IVIIVI / DD   | 4 4 4 4 4   | INIINI / DD / IIII  |  |  |  |  |  |

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| Fill in this in           | formation to ide | ntify your case:                     |           |
|---------------------------|------------------|--------------------------------------|-----------|
| Debtor 1                  | Eric             | R                                    | Kollman   |
|                           | First Name       | Middle Name                          | Last Name |
| Debtor 2                  |                  |                                      |           |
| (Spouse, if filing)       | First Name       | Middle Name                          | Last Name |
|                           |                  | or the : <u>NORTHERN</u> District of | (State)   |
| Case Number<br>(If known) |                  |                                      |           |

### Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |                                    |   |
|--|------------------------------------|---|
| Did you pay or agree to pay someone who is NOT an atto               | rney to help you fill out bankrupt | ccy forms?  |
| ■ No   |                                    |   |
| Yes. Name of Person  | ·                                  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|  |                                    |   |
|  |                                    |   |
| Under penalty of perjury, I declare that I have read the succorrect. | mmary and schedules filed with t   | this declaration and that they are true and   |
| * Coff   | *                                  | <u>.</u>  |
| Signature of Debtor 1  | Signature of Debtor 2              |   |
| Date : <u>0                                  </u>                    | DateMM / DD / YY                   | <del>///</del>  |
|  |                                    |   |

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Case Number (if known) \_

Kollman

Last Name

Middle Name

| 100001000000000 |   |
|-----------------|---|
|                 |   |
|                 |   |
|                 |   |
| 25              | Have you patified any gavernmental unit of any release of handless and it is  |
| 23              | Have you notified any governmental unit of any release of hazardous material?   |
|                 | ■ No.  Tyes. Fill in the details.   |
|                 | Governmental unit Environmental law, if you know it Date of notice  |
|                 |   |
| 26              | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.   |
|                 | No.   |
|                 | Yes. Fill in the details.   |
|                 | Court or agency Nature of the case Status of the case   |
| P               | Give Details About Your Business or Connections to Any Business   |
| 27              | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?  |
|                 | A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   |
|                 | A member of a limited liability company (LLC) or limited liability partnership (LLP)  |
|                 | A partner in a partnership  |
|                 | An officer, director, or managing executive of a corporation  |
|                 | An owner of at least 5% of the voting or equity securities of a corporation   |
|                 | No. None of the above applies. Go to Part 12.   |
|                 | Yes. Check all that apply above and fill in the details below for each business.  |
|                 |   |
| 28              | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.  |
|                 | No.   |
|                 | Yes. Fill in the details.   |
|                 | Date issued   |
| Pa              | rt 12: Sign Below   |
| _               |   |
| a               | have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the<br>Inswers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud |
| i               | n connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.<br>I8 U.S.C. §§ 152, 1341, 1519, and 3571.  |
|                 | 10 0.5.0. 93 132, 1341, 1315, and 5371.   |
|                 |   |
|                 | × ×   |
|                 | Signature of Debtor 1         Signature of Debtor 2           Date <u>b 4 / l) 5 /2018</u> Date   |
|                 | Pote 1: 4 / 1/5 /2018   |
|                 | Date  |
|                 |   |
| [               | Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |
|                 | No No   |
|                 | Yes   |
|                 | olid you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  |
| •               | _   |
|                 | ■ No  |
|                 | Yes. Name of person Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).  |
|                 | Deciaration, and Signature (Official Form 119).   |

Eric

First Name

Debtor 1

Entered 04/05/18 15:41:37 Desc Main Case 18-10022 Doc 1 Filed 04/05/18 Page 58 of 62mber (if known) Eric **Boowment** Debtor 1 First Name Last Name **List Your Unexpired Personal Property Leases** For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: ☐ No Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: Пио ☐ Yes Description of leased property: Lessor's name: □No □Yes Description of leased property: Lessor's name: □No □Yes Description of leased property: Lessor's name: □No □Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any

personal property that is subject to an unexpired lease.

Signature of D Date Dated: 04 Signature of Debtor 2

Date MM / DD / YYYY

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- Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are 3. not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met: The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filling fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATE!!!!

Dated: 04/05/2018

Eric R Kollman

X Date & Sign

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Eric R Kollman / Debtor

Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: <u>64 / 05 /</u>2018

Eric R Kollman

X Date & Sign

Record # 763899

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| Debt                                    | tor 1                 | Eric                                 | R  | Kollman   | Case              | Number (if known)                      |  |             | _                                       |   |
|---|-----------------------|--------------------------------------|--|---|-------------------|--|--|-------------|---|---|
| 10000                                   |                       | First Name                           | Middle Name  | Last Name   |                   |  |  |             |   |   |
| *************************************** |                       |                                      |  |   |                   | ımn A<br>tor 1                         | Column<br>Debtor:<br>non-filir         | CYMMOODINA. | <b>D</b>                                |   |
| 8. L                                    | Jnem                  | ployment com                         | pensation  |   |                   | \$0.00                                 |  | \$0.00      |   |   |
| [<br>[                                  | Do not<br>Inder       | t enter the amo<br>the Social Sec    | ount if you contend that the amount rece<br>curity Act. Instead, list it here:   | eived was a benefit                                   |                   | <del></del>                            |  | - 40.00     | •                                       |   |
|   | For yo                | วน                                   |  |   |                   |  |  |             |   |   |
| *************************************** | For yo                | our spouse                           |  |   |                   |  |  |             |   |   |
| 9.                                      | <b>Pensi</b><br>benef | ion or retirement<br>it under the So | ent income. Do not include any amount ocial Security Act.  | received that was a                                   |                   | \$0.00                                 |  | \$0.00      |   |   |
|   | Do no<br>as a v       | t include any b<br>rictim of a war   | ner sources not listed above. Specify the penefits received under the Social Secucrime, a crime against humanity, or inteary, list other sources on a separate page.   | rity Act or payments received<br>mational or domestic | _                 |  |  |             | •                                       |   |
|   | 10a                   |                                      |  |   |                   | \$0.00                                 | \$                                     | 0.00        |   |   |
|   | 10b                   |                                      |  |   | \$                | 0.00                                   |  | \$0.00      |   |   |
|   | 10c. T                | otal amounts fi                      | rom separate pages, if any.  |   |                   | \$0.00                                 |  | \$0.00      |   |   |
| 11. (                                   | Calcu<br>colum        | late your total                      | current monthly income. Add lines 2 to total for Column A to the total | hrough 10 for each                                    | ,                 | \$4,583.57 +                           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | \$0.00      | <b>=</b> Γ                              | \$4,583.57                              |
|   |                       |                                      | to total for Column / to the total for Coll  | 21111 6.  | ž                 | ······································ | Ł                                      |             | _                                       |   |
| _                                       |                       |                                      |  |   |                   |  |  |             |   |   |
|   | rt 2:                 |                                      | e Whether the Means Test Applies to You  |   |                   |  |  |             |   |   |
| 3                                       |                       |                                      | ent monthly income for the year. Follo   |   |                   |  |  | 1           |   | 20000000000000000000000000000000000000  |
|   |                       |                                      | al current monthly income from line 11   | ······································                | Сор               | y line 11 here                         |  | 12a.        |   | \$4,583.57                              |
| 1                                       |                       |                                      | (the number of months in a year).  Our annual income for this part of the fo   | nrm   |                   |  |  | (           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | x 12                                    |
|   |                       |                                      | •  |   |                   | ·                                      |  | 12b.        |   | \$55,002.84                             |
| 13. (                                   | Jaicu                 | iate the media                       | n family income that applies to you. F   | ollow these steps:                                    |                   |  |  |             |   |   |
| F                                       | Fill in t             | the state in wh                      | ich you live.  | IL  |                   |  |  |             |   |   |
| F                                       | Fill in 1             | the number of                        | people in your household.  | 3   |                   |  |  |             |   |   |
| 7                                       | To find               | d a list of applic                   | nily income for your state and size of ho<br>cable median income amounts, go onlin<br>orm. This list may also be available at th   | e using the link specified in the se                  | eparate           |  |  | 13.         |   | \$80,233.00                             |
| 14. H                                   | low d                 | lo the lines co                      | mpare?   |   |                   |  |  |             |   |   |
| 1.                                      | 4a. [                 | x line 12b is le<br>Go to Part 3.    | ess than or equal to line 13. On the top   | of page 1, check box 1, There is                      | no presumptior    | n of abuse.                            |  |             |   |   |
| 1.                                      | 4b. [                 | Line 12b is n<br>Go to Part 3        | nore than line 13. On the top of page 1, and fill out Form 122A-2.   | check box 2, The presumption of                       | f abuse is deter  | mined by Form 12                       | 22A-2.                                 |             |   |   |
| Pa                                      | rt 3:                 | Sign Belov                           | w  |   |                   |  |  |             |   | •                                       |
|   |                       | By signing her                       | e, I declare under penalty of perjury tha  | t the information on this statemen                    | t and in any atta | achments is true a                     | nd correct                             |             |   |   |
|   |                       | la                                   | helm   |   | ,                 |  | 110 0017001.                           |             |   | NAMAMARA                                |
|   |                       |                                      | Eric R Kollman   |   |                   |  |  |             |   | *************************************** |
|   |                       | Date:: <u>0</u>                      | <u>4 / 05 /</u> 2018   |   |                   |  |  |             |   | *************************************** |
|   | 1                     | lf you checked                       | line 14a, do NOT fill out or file Form 12  | 2A-2.   |                   |  |  |             |   | *************************************** |
|   | 1                     | lf you checked                       | line 14b, fill out Form 122A-2 and file it   | with this form.                                       |                   |  |  |             |   | 300000                                  |

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Form B 201A, Notice to Consumer Debtor(s)

In re Eric R Kollman / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 04/05 /2018

Eric R Kollman

X Date & Sign

Dated: 9 /5 /2018

Attorney: Kristin T Schindler